



# HOUSING AUTHORITY of Carbon County

251 S. 1600 E., #2647  
Price, Utah 84501  
(435) 637-5170  
Fax (435) 637-5178

## REASON FOR CHANGE

INCOME: Increase \_\_\_\_\_  
Decrease \_\_\_\_\_  
Same \_\_\_\_\_

## FAMILY COMPOSITION

Date: \_\_\_\_\_

INTERIM Sec 8 PH

Tenants Name \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### A. FAMILY MEMBERS RESIDING IN THE DWELLING ARE:

	Name	Birth Date	Social Security #	Age	Gender	Relationship to Family Head
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

### B. LIST ALL SOURCES OF INCOME

	Family Member	Per month	Source
1.			
2.			
3.			

### C. CHANGE OR ANTICIPATED CHANGE IN FAMILY COMPOSITION:

**NEW MEMBER INFORMATION:** Have you listed anyone new to your household since you last filled out this paper?    Yes    No  
If you answered yes please complete the following:

**\*\*\* MUST HAVE BIRTH CERTIFICATE AND SOCIAL SECURITY CARD FOR EACH REGARDLESS OF AGE:**

	Full Legal Name	Social Security #	Birth Date	Age	Birth Place: City, State
1.					
2.					

AUTHORIZATION FOR THE RELEASE OF INFORMATION

In signing this consent form, you are authorizing Housing Authority of Carbon County (HACC) to request income information from the sources listed below. HACC needs this information to verify your household's income, In order to ensure that you are eligible for assisted housing benefits and these benefits are at the correct level. HACC is required to protect the information it obtains through the use of this form. HACC may disclose information for certain routine uses such as to other government agencies including other Housing Authorities . HACC is required to protect the information obtained in accordance with any applicable State privacy law. Private owners may not request or receive information authorized by this form.

This consent form expires 15 months after signed.

Head of Household - Signature	Social Security Number	Date
Spouse - Signature	Social Security Number	Date
Family Member (age 18 +) - Signature	Social Security Number	Date
Family Member (age 18 +) - Signature	Social Security Number	Date

All below listed sources may be contacted and requested to provide Income Information for you and all household members through the use of this consent form. Please check ALL agencies that apply to your family and the amounts you receive.

**Name of Person Receiving:**

- Any Employer
  - Any Unemployment
  - Any Dept of Public Welfare Agency (Food Stamps, Financial, etc...)
  - Any Child Support Agency ( ORS or Other)
  - Any Social Security Administration Agency ( SS, SSI, SSDI, or Widows)
  - Any Veteran's Administration Agency that administers benefits to Veterans
  - Any Pension Plan
  - Any Bureau of Workers Compensation Agency
  - Any Medical Insurance Policies
- ASSETS:**
- Any Life Insurance Policies (cash Value) \_\_\_\_\_
  - Any Bank or Lending Institution Including Checking & Savings Accts
  - Do you own any real estate? (value & location) \_\_\_\_\_
  - Stocks, bonds, or other securities \_\_\_\_\_



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(435) 637-5170  
(435) 637-5178 fax  
TTY 1-800-346-4128

DATE: \_\_\_\_\_

TENANT: \_\_\_\_\_

You are verifying that you are a Zero Rent Tenant. Please fill out the following form.

Where do you receive *MONIES* for the necessities listed below?

1. Groceries:           \$ \_\_\_\_\_ Source \_\_\_\_\_
2. Gasoline for Vehicle: \$ \_\_\_\_\_ Source \_\_\_\_\_
3. Utilities:           \$ \_\_\_\_\_ Source \_\_\_\_\_
4. Non-food Items:    \$ \_\_\_\_\_ Source \_\_\_\_\_
5. Misc. Items:        \$ \_\_\_\_\_ Source \_\_\_\_\_

***IF YOU RECEIVE MONIES FROM FAMILY MEMBERS – PLEASE BRING IN VERIFICATION AND AMOUNTS.***

Failure to return this form by \_\_\_\_\_ will result in termination from the Housing program.

This is a true and accurate statement.

Signature \_\_\_\_\_