

APPLICATION INSTRUCTIONS

To complete an interim recertification, complete this form. **ONLY enter** changes to your household's composition and/or income. Verification of these changes is **REQUIRED**. Documents that you will need to submit to verify the changes you are reporting may be found in the sections below:

- Changes to **Income**: **REQUIRED DOCUMENTS FOR YOUR INTERIM RECERTIFICATION**.
- Changes to **Household Composition**: **REQUIRED DOCUMENTS FOR CHANGE IN HOUSEHOLD COMPOSITION**.

All verification documents must be dated within **60 days** of the date they are provided to PHA.

The form and required verifications may be mailed or emailed to your representative, or uploaded to HCV Client Portal via PHA's website (go to www.pha.phila.gov and click on the **HCV Client Portal** box).



INTERIM REQUEST

What would you like to report? (Select all that apply.)

- Add a household member
- Remove a household member
- Decrease in income
- Increase in income (Zero income households and zero income individuals are required to report monetary and/or non-monetary changes in income or benefits between regular recertification periods. PHA will conduct an interim recertification when a zero income household or individual reports income.)

HOUSEHOLD INFORMATION

NAME:	ENTITY ID:
STREET ADDRESS:	
PHONE:	EMAIL:

1 YOUR FAMILY

Complete this section to **add or remove household members**. Provide applicable verification as noted in **REQUIRED DOCUMENTS FOR CHANGE IN HOUSEHOLD COMPOSITION**.

Last, First, MI	Relationship to Head of Household	Gender	Date of Birth MM/DD/YYYY	Social Security Number	Race	Full-Time Student? Y/N	Disabled Y/N	Circle Add or Remove
								Add/Remove
								Add/Remove
								Add/Remove

2 CHANGE IN HOUSEHOLD INCOME

Complete this section **ONLY** if you are also reporting an **increase or decrease in income** for your household. The section on **REQUIRED DOCUMENTS FOR YOUR INTERIM RECERTIFICATION** includes documents you must provide to verify the change you are reporting.

Change in Income Information, including (but not limited to):

- Employment
- Social Security or Supplemental Security Income (SSI)
- Public Assistance (TANF or Welfare)
- State Supplement Program (SSP)
- Unemployment
- Worker's Compensation
- Veteran's Benefits
- Court-Ordered Child Support/Alimony
- Non-Court-Ordered Child Support/Alimony
- Retirement Benefits, Pensions, and/or Annuities
- Regular Contributions, Support, Gifts, or Payments Made on a Family Member's Behalf
- Other Income (describe)

Household Member	Type of Income Removing or Adding (select one for each income type added/removed, and list the type of income added/removed)
	<input type="checkbox"/> Adding income (list type of income): _____ <input type="checkbox"/> Removing income (list type of income): _____
	<input type="checkbox"/> Adding income (list type of income): _____ <input type="checkbox"/> Removing income (list type of income): _____
	<input type="checkbox"/> Adding income (list type of income): _____ <input type="checkbox"/> Removing income (list type of income): _____

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NEW ZERO INCOME INDIVIDUAL(S)

For any adult that is newly zero income, they must read, sign, and date this Self Certification of Zero Income.

Zero Income Individual. A zero income individual is one who does not receive any income, contributions, and/or benefits on their own behalf or on behalf of another individual in the household.

I further certify that I have been advised by PHA that I must report promptly (**within 30 calendar days of the change in income**) to my PHA representative any change in my income so that the necessary rental adjustments can be made.

I further certify that the information given to the Philadelphia Housing Authority regarding my income status is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy with the Philadelphia Housing Authority. Title 18 Section 1001 of the United States Code, states that a person who knowingly and willingly makes false fraudulent statements to any department or agency of the United States Government is guilty of a felony.

If your entire household reports zero income you must complete a **PHA Financial Hardship Worksheet** (go to http://www.pha.phila.gov/media/183649/financial_hardship_worksheet_7.2016.pdf to obtain a copy; submit the completed form with this packet). Contact your PHA Representative with questions via the HCV Client Portal or at 215-684-4300.

Zero Income Adult Household Member	Signature of Zero Income Adult Household Member	Date

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YOUR ATTACHMENTS

You must include all applicable verification documents with this form to verify and complete your interim recertification and remain in compliance with the HCV Program. Required documents may be found in the section: **REQUIRED DOCUMENTS FOR YOUR INTERIM RECERTIFICATION** and **REQUIRED DOCUMENTS FOR CHANGE IN HOUSEHOLD COMPOSITION**. Questions or concerns about verification requirements? You may contact your PHA representative via the HCV Client Portal or at 215-684-4300.

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SUMMARY

Prior to submitting your Interim Request Form to PHA, please review all sections:

- Your Family
- New Zero Income Individual(s)
- Authorization for the Release of Information: the head of household and all adult household members reporting a change or being added must **sign and date** below.
- Change in Household Income
- Your Attachments

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

Purpose:

In signing this Authorization for the Release of Information, you are authorizing the U.S. Department of Housing and Urban Development (HUD), the Philadelphia Housing Authority (PHA), and their agents to request information, data, documents and other materials from the sources listed on the form. Your income and other information may be collected for any of the following purposes:

- Determine initial and continuing eligibility for programs, the appropriate bedroom size, and the amount your family will pay toward rent and utilities, including verifying your household’s income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level;
- Administer and enforce program rules and policies;
- Analyze utility consumption data;
- Comply with HUD and other laws, rules, and regulations; and,
- Assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide.

Who Must Sign the Authorization for the Release of Information Form:

Each member of your household who is 18 years of age or older must sign this Authorization. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age. Persons who apply for or receive assistance under the following programs are required to sign the form:

- Section 8 Tenant Based Voucher
- Section 8 Moderate Rehabilitation
- Section 8 Project Based Voucher

Failure To Sign the Authorization for the Release of Information Form:

Your failure to sign the form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to PHA’s grievance and appeal procedures. You must provide all of the information requested by PHA, including all Social Security Numbers you, and all other household members, have and use. Giving the Social Security Numbers of all household members is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval or termination of assistance.

Information That May Be Requested:

Information requests may include, but are not limited to the following:

- Social Security Numbers
- Credit History and Criminal History
- Employment, Income, Pensions, and Assets
- Tax Return Information
- Family Composition, including Identity and Marital Status
- Federal, State, Tribal, or Local Benefits
- Disability, Handicap, or Need for a Reasonable Accommodation
- Handicapped Assistance Expenses
- Citizenship and Immigration Status
- Medical Expenses
- Residences and Rental History
- Verification of Preferences
- School Registration or Registration in Vocational Training
- Unemployment Compensation
- Utility Account and Payment History
- Utility Consumption Data and Utility Bills

Those That May Release Information:

Any individual, government agency, or other organization, including, but not limited to the following, is hereby authorized to release Information while this Authorization remains in effect:

- Banks and Other Financial Institutions
- Courts
- Credit Bureaus
- Employers (Past and Present)
- Landlords
- Law Enforcement Agencies
- Schools and Colleges
- State Employment Security Agencies
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income, i.e., interest and dividends)
- U.S. Citizenship and Immigration Services (USCIS)
- Utility Companies
- Welfare Agencies
- State Wage Information Collection Agencies



Computer Matching Authorization:

PHA and/or HUD may conduct computer matching with other governmental agencies including, but not limited to the following Federal, State, Tribal or local agencies:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

Matching may be used to verify your eligibility and level of benefits and to verify information supplied by the family.

Authority:

Pursuant to Title 24, Part 5 of HUD’s Code of Federal Regulations, the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), the Housing and Community Development Act of 1987 (42 U.S.C. 3543), the Fair Housing Act (42 U.S.C. 3601-19), Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993, each member of the family of an assistance applicant or participant who is at least 18 years of age, and each family head and spouse regardless of age, shall sign a consent form authorizing HUD and/or PHA to request information to determine initial eligibility, eligibility for continued assistance and level of assistance.

Uses of Information to be Obtained:

HUD and PHA are required to protect the information obtained in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released, except as permitted or required by law. PHA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Penalties For Misusing This Consent:

HUD, PHA and any owner (or any employee of HUD, PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited on the form. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, PHA or the owner responsible for the unauthorized disclosure or improper use.

Participant Certification:

I/We certify that the information given on this application to the Philadelphia Housing Authority about household composition, annual household income, assets, and expenses is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements are punishable under federal law and state law. I/We also understand that false statements or information are grounds for termination of assistance.

Consent:

*I authorize the release of any information as described above, about me and my family, at all times while this Authorization remains in effect to PHA, HUD, and/or their agents (including documentation and other materials). I agree that photocopies of this Authorization may be used for the purposes stated above. I understand that information obtained by means of this Authorization will be used exclusively for the purposes stated above, and that the Information will be released to others only as reasonably appropriate to further such purposes, unless otherwise provided by law. This authorization will expire **40 months** after the date of execution.*

Date: _____

Head of Household Signature

Spouse Signature

Co-Head Signature

Other Family Member over age 18 Signature

Other Family Member over age 18 Signature

Other Family Member over age 18 Signature

Other Family Member over age 18 Signature

Other Family Member over age 18 Signature

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within.

REQUIRED DOCUMENTS FOR YOUR INTERIM RECERTIFICATION

You **must** provide verification of the following information for **all applicable changes reported in this interim packet**. Verification documents must be dated within 60 days of the date they are provided to PHA. In the table below, please note:

- **Income/Expense Received:** If anyone in your household receives income from the source listed in this column, provide the documentation/information listed in the column “What to Send to PHA”.
- **What to Send to PHA:** Review the information in this column to identify the documents/information you are required to provide for the income received. For example, if you are employed, you must send the correct number of pay stubs for the frequency with which you are paid.
- **Where to Obtain Verification:** The information in this column provides resources to assist you in obtaining the documentation required by PHA.
- Additional information may be found at <http://www.pha.phila.gov/housing/housing-choice-voucher/interim-recertifications.aspx>.

Income/Expense Received	What to Send to PHA	Where to Obtain Verification
Employment Income (including Military Pay)	<ul style="list-style-type: none"> • Consecutive (in a row) pay stubs dated within the past 60 days for all adult family members except where identified below: <ul style="list-style-type: none"> ○ 4 pay stubs for weekly pay; (ex. pay stubs dated 4/03/2021; 4/10/21; 4/17/21 and 4/24/21) ○ 2 pay stubs for bi-weekly pay (ex. pay stubs that are in a row 5/7/21 and 4/14/21) ; or, ○ 2 pay stubs for monthly pay. (ex. May 2021 and June 2021) • W-2 forms and tax returns for seasonal employment. • Original letter from the employer that includes: <ol style="list-style-type: none"> 1. Dates of employment 2. Income information to accurately calculate income, including salary and/or hours worked per week (including overtime) • Documentation of other income the family expects to receive from employment such as tips, commissions, bonuses, etc. 	<ul style="list-style-type: none"> • Pay stubs in your possession • You may print pay stubs from employer online payroll records • The Work Number www.theworknumber.com; many employers provide your pay schedule on this website • The employer
Self-Employment or Income from a Business	<ul style="list-style-type: none"> • Prior year’s tax return (including Schedule C) • Business financial statements • 4 consecutive weekly statements and 4 weeks of expenses (ex.: Uber, Lyft, DoorDash) 	<ul style="list-style-type: none"> • Tax returns provided by the family member • Weekly statements received and/or receipts of expenses
Termination of Employment	<ul style="list-style-type: none"> • If you or a family member reported employment at the last recertification and are/is no longer employed, provide a letter of termination from the employer. • The letter of termination must state the date of termination. 	<ul style="list-style-type: none"> • Termination letter from the employer
Social Security or Supplemental Security Income (SSI)	<ul style="list-style-type: none"> • Benefit letter from the Social Security Administration (SSA). • The benefit letter must be dated within 60 days from the date it is provided to PHA. 	<ul style="list-style-type: none"> • Call the Social Security Administration at 1-800-772-1213 or log onto: www.ssa.gov. Click on “My Social Security”.
Public Assistance (TANF or Welfare)	<ul style="list-style-type: none"> • Benefit letter from the Department of Human Services (DHS). 	<ul style="list-style-type: none"> • Call the DHS Helpline at 1-800-692-7462 (TTY/TTD at 1-800-451-5886) or log onto: www.compass.state.pa.us.
State Supplement Program (SSP) This is the State-paid portion of your SSI benefit	<ul style="list-style-type: none"> • Benefit letter from the Department of Human Services (DHS). 	<ul style="list-style-type: none"> • COMPASS Report • Call the DHS Helpline at 1-800-692-7462 (TTY/TTD at 1-800-451-5886) or log onto: www.compass.state.pa.us.

Income/Expense Received	What to Send to PHA	Where to Obtain Verification
Unemployment or Worker's Compensation	<ul style="list-style-type: none"> • Provide documentation of unemployment compensation i.e., unemployment benefit letter or statement from the PA Dept. of Labor and Industry. • Worker's compensation benefit letter 	<ul style="list-style-type: none"> • Access the online database: https://www.paclaims.state.pa.us/ucc/LoginBenefitStatus.asp <ul style="list-style-type: none"> ○ The family member will need their SSN and PIN to log in ○ If the family member has not registered for online access to this website, registration is available at: https://www.paclaims.state.pa.us
Veteran's Benefits	<ul style="list-style-type: none"> • Benefit letter from the U.S Department of Veteran's Affairs (VA) stating benefits. 	<ul style="list-style-type: none"> • Access the online system via https://www.benefits.va.gov/pension
Court-Ordered Child Support/Alimony	<ul style="list-style-type: none"> • Transaction Log from the Pennsylvania Child Support website. 	<ul style="list-style-type: none"> • Access your transaction log via: https://www.humanservices.state.pa.us/cs/ws/
Non-Court Ordered Child Support/Alimony	<ul style="list-style-type: none"> • Documentation of child support and/or alimony payments. Examples include (but are not limited to: <ul style="list-style-type: none"> ○ Copies of checks/money orders from parent providing payments (4 for weekly; 2 for bi-weekly, or 2 for monthly). ○ Signed and dated letter from the person who is providing the child support or alimony payments. 	<ul style="list-style-type: none"> • Person who is providing the child support or alimony payments
Retirement Benefits, Annuities, or Pensions	<ul style="list-style-type: none"> • Benefit letter or statement indicating amount and frequency of payments. 	<ul style="list-style-type: none"> • Human Resources department of company providing the benefits
Regular Contributions, Support or Gifts	<ul style="list-style-type: none"> • If any family member receives any contributions, gifts, or payments on their behalf by organizations or persons outside of the household, copies of checks or evidence of payment, such as a signed and dated letter from the person who is providing the contributions, support or gifts. 	<ul style="list-style-type: none"> • Person who is providing the contributions, support or gifts
Trust Funds	<ul style="list-style-type: none"> • Account statements or financial statements completed by a financial institution or broker. 	<ul style="list-style-type: none"> • Agency who is holding the funds, i.e., bank or other financial institution
Zero Income Individual	<ul style="list-style-type: none"> • Each adult in the family who is zero income is required to complete the Self-Certification of Zero Income section of the Interim Request Packet. • A zero income individual is one who does not receive any income, contributions, and/or benefits on their own behalf or on behalf of another individual in the family. 	<ul style="list-style-type: none"> • Zero income family member
Zero Income Family*	<ul style="list-style-type: none"> • If no family member receives any income, complete the Financial Hardship Worksheet (go to: http://www.pha.phila.gov/media/183649/financial_hardship_worksheet_7.2016.pdf to obtain a copy; submit the completed form with this packet). The head of household may be required to provide information regarding their means of basic subsistence, such as food, utilities, transportation, clothing, etc. • If there are children in the family and both parent/legal guardians do not live in the household, verification from Family Court that child support is not paid. • Verification of termination of earned income, unemployment benefits and/or other unearned income or benefits, if applicable. • Zero income households must report changes in income or benefits within 30 calendar days of the change. 	<ul style="list-style-type: none"> • All adults in the zero income family.

Income/Expense Received	What to Send to PHA	Where to Obtain Verification
Unreimbursed Medical Insurance Premiums: only if the head of household, co-head and/or spouse is elderly (at least 55 years of age) or disabled	<ul style="list-style-type: none"> Benefit letter showing deduction of health insurance premiums and/or insurance bills indicating premiums paid. 	<ul style="list-style-type: none"> Company providing the insurance
Full-Time Student Status for Adults (18 years old or older) Other Than the Head of Household, Spouse, or Co-Head	<ul style="list-style-type: none"> School records, transcripts, letter from the school administration verifying full-time student status. 	<ul style="list-style-type: none"> School administration office

* A zero income family is one where no family member receives **any** income, contributions and/or benefits on his/her own behalf or on behalf of another individual in the family. This includes, but is not limited to:

- Employment income
- Unemployment or Worker’s Compensation
- Public Assistance (TANF)
- Social Security, SSI, SSP
- Child Support
- Alimony
- Pension or Annuity
- Veteran’s Benefits
- Gifts, contributions or payments on the family’s behalf
- Military Pay
- Government Grants
- Trust Funds

REQUIRED DOCUMENTS FOR CHANGE IN HOUSEHOLD COMPOSITION

What to Send to PHA	Acceptable Documents	Documents to Be Completed
Adding a Household Member		
<ul style="list-style-type: none"> Birth certificates/proof of age/proof of birth for all household Photo ID (if 18 years of age or older) Documentation of a valid SSN Proof of income for new household member If the household member being added is an eligible non-citizen: Permanent Resident Card or other verification of eligible status 	<ul style="list-style-type: none"> Examples include birth certificate, passport, driver’s license, and Social Security letter. Clear, valid government-issued photo ID on file for every adult household member An original Social Security card issued by the Social Security Administration, SS benefit letter, welfare agency documents, military papers, unemployment insurance documents Eligible non-citizen: Permanent Resident Card, passport or other document with visa or otherwise verifying eligible status 	<ul style="list-style-type: none"> Add the household member on the Interim Request Packet, and circle Add Declaration of Citizenship form (go to: http://www.pha.phila.gov/medial/183625/2015_pha1019_ph_d eclaration_citizenship .pdf to obtain a copy; submit the completed form with this packet) PHA Authorization for the Release of Information (18 years of age or older)
Removing a Household Member		
<ul style="list-style-type: none"> Proof that household member has vacated the unit 	<ul style="list-style-type: none"> Driver’s license with the new address Lease or utility bill with the new address Death Certificate Letter from a government agency attesting to the new address Notarized statement attesting to the new address 	<ul style="list-style-type: none"> Enter the person’s name on the Interim Recertification Packet and circle Remove