

**PENNINGTON COUNTY HOUSING HOUSEHOLD CHANGE/INFORMATION FORM**

Date: \_\_\_\_\_ Caseworker / Property Manager: \_\_\_\_\_

Signatures below constitute consent for Pennington County Housing and Redevelopment Commission to verify any information needed to my/our participation in the housing assistance program. I/We also certify that income and family composition has been reported completely and accurately.

**Please note all changes turned in after the 25<sup>th</sup> of the month will be delayed an additional 30 days.** You will receive a letter from us in about a week letting you know what your new rent will be, or letting you know the reason we can't make a change.

\_\_\_\_\_  
Head of Household Name (Print) Social Security Number

\_\_\_\_\_  
Address Phone

**A. NEW INCOME ----- MUST PROVIDE CHECK STUBS**

Name of Family Member with change: \_\_\_\_\_ SSN: \_\_\_\_\_

Type of Income:  Wages  Child Support  SS/SSI  Other \_\_\_\_\_

How often paid:  Weekly  Monthly  Twice a month  Every two weeks.

Pay per hour: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Date when new income/job started: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency/Employer Address: \_\_\_\_\_

**B.  INCREASE,  DECREASE, OR  TERMINATION IN CURRENT INCOME - MUST provide paystubs and/or statement from employer**

Name of Family Member with Change: \_\_\_\_\_ SSN: \_\_\_\_\_

Type of Income:      Wages      Child Support      SS/SSI      Other \_\_\_\_\_

New pay per hour: \_\_\_\_\_ New hours per week: \_\_\_\_\_

Date when Change Started: \_\_\_\_\_

Agency/Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_

**C. ADDING A CHILD TO YOUR HOUSEHOLD** (PROVIDE A COPY OF THE SOCIAL SECURITY CARD)

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Relationship to this child: \_\_\_\_\_ Are you receiving child support?  Yes  No

**D. REMOVING SOMEONE FROM YOUR HOUSEHOLD**

Name of family member who moved: \_\_\_\_\_ Date they moved out: \_\_\_\_\_

Will they be gone  Temporarily or  Permanently?

Are they currently incarcerated?  Yes  No

If yes, for what? \_\_\_\_\_

If temporarily absent, when will they return? \_\_\_\_\_

Forwarding address for person removed: \_\_\_\_\_  
\_\_\_\_\_

**E. CHANGE OF CHILD CARE EXPENSE**

Child Care Expenses: Began  Ended  Increased  Decreased

Name of Child Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The information I have provided is true and correct, to the best of my knowledge. I agree that if additional verification of this information later indicates otherwise, I will be responsible to repay any subsidy I have received in error in accordance with my Lease and/or Section 8 Contract.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION  
FOR  
THE RELEASE OF INFORMATION**

Organization requesting release of information:

PENNINGTON COUNTY HOUSING AND  
REDEVELOPMENT COMMISSION  
1805 W. FULTON ST., STE. 101  
RAPID CITY, SD 57702  
(605) 394-5350

Purpose

The above-named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Low-Income Rental Public Housing  
Section 8 Housing Assistance Payments Program

I authorize the above-named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize the Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information covered Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

Individuals or Organizations That May Release Information:

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of:
  - Alimony
  - Child Care
  - Child Support
  - Credit
  - Handicapped Assistance
  - Medical Care
  - Pensions/Annuities
  - Schools and Universities
  - U.S. Social Security Administration
  - U.S. Department of Veterans Affairs
  - Utility Companies
  - Welfare Agencies

Computer Matching Notice & Consent

I agree that a Public Housing Agency may conduct computer matching programs with other governmental agencies including federal, state, tribal or local agencies. The governmental agencies include:

- 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
- The match will be used to verify information supplied by the family.

Conditions:

i agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature, Printed Name of the Head of Household & Date  X	Signature, Printed Name of Other Adult Member of the Household and date  X
Signature, Printed Name of Other Adult Member of the Household  X	Signature, Printed Name of Other Adult Member of the Household and date  X

# AUTHORIZATION FOR THE RELEASE OF INFORMATION

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Organization requesting release of information:

**PENNINGTON COUNTY HOUSING AND  
REDEVELOPMENT COMMISSION  
1805 W. FULTON ST., STE. 101  
RAPID CITY, SD 57702  
(605) 394-5350**

**Purpose**

The above-named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**Authorization**

I authorize the release of any **Child Support information** (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

Low-Income Rental Public Housing  
Section 8 Housing Assistance Payments Program

I authorize the above-named organization to obtain a **12 month payment history on all open Child Support cases** that pertain to me or my family that is pertinent to eligibility for or participation in assisted housing programs.

This consent form expires 15 months after signed.

Signature, Printed Name of the Head of Household & Date:  <b>X</b>	Signature, Printed Name of Spouse, Other Adult Member of the Household & Date:  <b>X</b>
Signature, Printed Name of Other Adult Member of the Household & Date:  <b>X</b>	Signature, Printed Name of Other Adult Member of the Household & Date:  <b>X</b>