



MESQUITE HOUSING DIVISION
PHONE 972.216.6424 FAX 972.216.6429



Date: _____ Case Manager: (circle one) **Jonna** Bridget Brenda Valerie
 Head of Household Name: _____
 Household Member Reporting Change: _____
 Address: _____
 Phone Number: _____ Email: _____

Participants must report all changes in family composition and income that occur between annual re-certifications within thirty (30) days.

- **Change Forms must be submitted before the 20th of the month and verified to be effective the following month if it is a decrease in TR. Increases in TR will be effective the 1st of the second month following that in which the change was reported.**

Please complete all that applies:

Employment: Increase _____ Decrease _____

<p>New / Current (provide 2 most recent check stubs)</p> <p>Employer _____</p> <p>Phone/Fax _____</p> <p>Date Reported Income Started _____</p> <p>How many jobs do you currently have? _____</p>	<p>Termination (exit letter on company letterhead)</p> <p>Employer _____</p> <p>Phone/Fax _____</p> <p>Date Reported Income Ended _____</p> <p>Do you have any other form of income? _____</p>
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Zero Income:

_____ Complete Affidavit of Non Employment Form

Other Income Sources: (please check one)	New	Increase	Decrease
Security/SSI: Award Letter from SSA	_____	_____	_____
Child Support: Printout from Child Support Office	_____	_____	_____
Unemployment Benefits: Award Letter from TWC	_____	_____	_____
TANF: Award Letter from TDHS	_____	_____	_____
Contribution: Notarized Contribution Form	_____	_____	_____
Other: _____			

Child Care Expenses

_____ Child Care Provider Name: _____ Phone/Fax Number: _____
 Date Care Began _____ Rate Paid _____ Frequency of Pay (wk., mo., bi-wkly). _____

PLEASE SIGN _____ **DATE** _____



INTERIM (CHANGE) NOTIFICATION FORM

AUTHORIZATION for Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the City of Mesquite Housing Division (MHD) any information or materials needed to complete and verify my application for participation, and/or maintain my continued housing assistance under the Section 8 Certificate or Voucher Program.

I also consent for HUD or the MHD to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or MHD policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- Identity and Marital Status, Residences and Rental Activity, Credit and Criminal Activity, Employment, Income, and Assets, Medical or Child Care Allowances

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individual that may be asked to release the above information (depending on program requirements) includes but not limited to:

- Previous Landlords (including other Housing Agencies), Welfare Agencies, Retirement Systems, Schools and Colleges, State Unemployment Agencies, Law Enforcement Agencies, Utility Companies, Past and Present Employers, Courts and Post Offices, Social Security or Veterans Administration, Banks and other Financial Institutions, Medical and Child Care Providers, Credit Providers and Credit Bureaus, Support and Alimony Providers

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the MHD may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the MHD and will remain in force while I, and any others below, have been determined eligible for admission to the program or program assistance has ceased.

SIGNATURES:

X _____ (Print Name) Social Security Number
Head of Household
X _____ (Print Name) Social Security Number
Spouse or Other Adult Member
X _____ (Print Name) Social Security Number
Other Adult Member
X _____
Date