

LEE'S SUMMIT HOUSING  
 AUTHORITY  
 111 SE GRAND AVENUE  
 LEE'S SUMMIT, MISSOURI 64063

Name of Tenant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Reporting Date: \_\_\_\_\_

**Interim Redetermination of Income for Rent Change and/or Change in Family**

**Change(s) in Income or Family Composition Due to One or more of the Following Reasons Below: (Please Circle All Applicable)**

<p>1. SSA/SSI - Increase / Decrease          Effective Date: _____</p> <p>2. VA Pension - Increase / Decrease          Effective Date: _____</p> <p>3. TANF - Increase / Decrease          Effective Date: _____</p> <p>4. Child Support - Increase / Decrease          Effective Date: _____          Case #: _____</p>	<p>5. Employment - Increase / Decrease          Employer: _____          Start Date: _____          End Date: _____          Hourly Rate: _____          Average Hrs Per Week: _____</p> <p>6. Child Care - Increase / Decrease          Provider: _____          Cost: _____</p> <p>7. Family Members - Addition / Deletion          Family Member: _____          Effective Date: _____</p> <p>8. Unemployment - Increase / Decrease          Effective Date: _____</p>
<p>9. Other _____</p>	

I certify that the information given is true and complete to the best of my knowledge. I understand that false statements or information are punishable under Section 1001 of Title 18 of the US Code.

The tenant acknowledges the fact that no reduction in rent will occur until the Lee's Summit Housing Authority has received written verification reflecting the reported change. The tenant also acknowledges that no rent can be changed for the month that the change is reported but can only affect future months that have not occurred yet.

**It is the tenant's responsibility to see that the Lee's Summit Housing Authority is provided with this necessary information. All paperwork has to be reported within ten (10) business days of the change.**

\_\_\_\_\_  
 Resident's Signature

\_\_\_\_\_  
 LSHA Representative's Signature

7.

## Authorization for Release of Information

Lee's Summit Housing Authority  
111 SE Grand Avenue  
Lee's Summit, MO 64063  
Phone: 816-524-1100

### Purpose

The U. S. Department of Housing and Urban Development (HUD) and 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
- Mutual Help Homeownership Opportunity Program
- Rental Assistance Program (Rap)
- Rent Supplement
- Section 8 Housing Assistance Program
- Section 23 and 10 (c) Leased Housing
- Section 23 Housing Assistance Payments
- Section 202
- Section 221 (d)(3) Below Market Interest Rate
- Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs. I authorize only HUD and a 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
- Social Services
- 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
- Churches
- 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 Colleges
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Office of Personnel Management
- U.S. Postal Service
- Social Service Agencies such as Harvesters, Community Services League, etc.
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

## Computer Matching Notice & Consent

I agree that a Public Housing Agency, Indian Housing Authority, or HUD 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.

X \_\_\_\_\_  
Signature, Printed Name of the Head of Household Date

X \_\_\_\_\_  
Signature, Printed Name of Other Adult of the Household Date

X \_\_\_\_\_  
Signature, Printed Name of Other Adult of the Household Date

X \_\_\_\_\_  
Signature, Printed Name of Other Adult of the Household Date