



INTERIM RECERTIFICATION INSTRUCTIONS

The Housing Choice Voucher Program will process an interim recertification for certain changes in family composition or income. An interim recertification form must be filed when any of the following changes occur:

1. Income increases must be reported within 10 business days of the change.
2. Income decreases must be reported within 10 business days of the change.
3. A change in family composition (written notification is required within 10 business days of the addition) due to the following:
 - a. A family member moving out of the unit.
 - b. Request to add a member to the unit.

To request an interim recertification, changes must be reported in writing. All interim recertification requests require completion of an AAHC **Consent/ Release for Information form signed by all adult family members.**

<p>INCOME INCREASE Please select the option below that best identifies the type of change you are reporting. In addition, please complete the section on the other side of this form that corresponds to the option you have selected below. If you are reporting an increase in income, you must supply the following as applicable:</p> <ul style="list-style-type: none"> ▪ Paystubs from the new employer or letter from employer listing anticipated start date, as well as pay rate, average hours and frequency of pay (i.e. daily, monthly, weekly.) ▪ Evidence of new or increased Social Security or other benefit awards. ▪ Evidence of new or increased pension or other income increases. 	<p>FAMILY COMPOSITION INCREASE If you are reporting/requesting an increase in family composition, you must supply the following:</p> <ul style="list-style-type: none"> ▪ Landlord approval letter. ▪ Consent to Obtain Criminal Background records form ▪ Sex offender release form. ▪ Income information of new family member. ▪ Court issued custody documents/notarized affidavit granting custody ▪ Birth Certificate, Identification of Adults and 214 Declaration ▪ SS Card or an original SSA-issued document, which contains the name and SSN of the individual; or an original document issued by a federal/state/local government agency, which contains the name and SSN of the individual ▪ Authorization for the Release for Information/Privacy Act Notice form HUD 9886 for any person 18 or older being added to the household.
<p>INCOME DECREASE If you are reporting a decrease in income, you must supply the following as applicable:</p> <ul style="list-style-type: none"> ▪ Separation notice from former employer for income decrease. ▪ Evidence of decrease or denial of Social Security or other benefit awards. ▪ Status of unemployment application. ▪ Evidence of decrease or denial of pension or other income. 	<p>FAMILY COMPOSITION DECREASE If you are reporting a decrease in family composition, the head of household must provide certification that the family member is no longer a part of the assisted household and at least one of the following:</p> <ul style="list-style-type: none"> ▪ A utility bill with new address, USPS change of address request form, or state issued photo ID with new address, or; ▪ A copy of a lease showing the name and current address of the family member to be removed from the assisted household.

Policies and Procedures:

Approval of a Request for Interim Recertification is not automatic. The housing authority may deny the request upon completion of review/verification process.

1. The Housing Choice Voucher Program will not process an interim recertification for a household that receives a reduction in welfare assistance income due to a TANF agency sanction. Example: The family's TANF benefits are reduced due to non-compliance with TANF program rules.
2. You must receive approval prior to adding any person to the household. New members 18 or older must pass a criminal background check and a sex offender check
3. Changes reported within ten (10) business days of the occurrence, that result in a decrease in tenant rent will be effective the first day of the following month.
4. Changes reported within ten (10) business days of the occurrence, that result in an increase in tenant rent will be effective on the first of the month following 30 days notice. Changes reported after the ten (10) business days of the occurrence will be retroactive to the first of the month after the increase occurred.
5. An increase in income after the annual recertification will not be processed, however must be reported within ten (10) business days. NOTE: Participants of FSS, EID and Zero Income clients are exempt from this policy.

Staff Name: _____

INTERIM RECERTIFICATION REPORT

You must notify the Section 8 Office, IN WRITING, within 10 business days of any change in your circumstances. Failure to report these changes may make you liable to penalties provided by law for fraud and jeopardize your rent subsidy. Complete the section that pertains to the change you are reporting.

Income **Family Size** **Expenses** **Assets** **Address/Phone** **Other**

What is the effective date of the change? _____

Income:

I have an increase in income **Individual with increase:** _____

Child Support SSI/SS Pension/Retirement Unemployment/Workman Comp VA Benefits
 DHS Cash Assistance Self-Employment Other: _____ Employment
Name of Employer: _____ Address of Employer: _____

Phone # of Employer: _____ Fax # _____

Is this a second job? Yes No

I have a decrease in income **Individual with decrease:** _____

Did you completely lose this source of income? Yes No

Child Support SSI/SS Pension/Retirement Unemployment/Workman Comp VA Benefits
 DHS Cash Assistance Self-Employment Other: _____ Employment
Name of Employer: _____ Address of Employer: _____

Family Composition:

I want to add someone to my household **I want to remove someone from my household**

If you are reporting a change in family size, indicate the person name here: _____

How is this person related to you? Adoption/Foster Care Birth Spouse/Co-head Live-In Aide
 Other Adult Custody Minor Child

YES NO Does the person have income? **If YES- you must fill out income section above.**

Expenses:

I no longer have **I now have, the following expense** Medical Expenses Child Care

If you are reporting a change in expenses, indicate the company name here: _____

Assets:

I no longer have assets **I have assets** Example: Bank Account, IRA, CDs, Trust, Stocks, Bonds, etc

If you are reporting a change in assets, indicate the company name, type of account and account number below:

Company: _____ Type: _____ Account #: _____

Address and Phone Number:

Change From: _____ To: _____

Other changes not listed include: _____

Are you or any other person in your home disabled, if so who: _____

Are you or any other person a participant of the FSS program: _____

By signing this document you acknowledge that you have read and do understand the above statement. **Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Print Head of Household

Signature Head-of-Household

Date

Address

Phone Number

Email



CITY OF ANN ARBOR, MICHIGAN

727 Miller Avenue, Ann Arbor, MI 48103

Phone (734) 794-6720

Fax (734) 994-0781

<http://www.a2gov.org>

ANN ARBOR HOUSING COMMISSION

CONSENT:

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Ann Arbor Housing Commission any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance und the Section 8, Rental Rehabilitation, Low-income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization for the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD and/or the manager to release information from my file about my rental history to HUD, credit bureaus, collection agencies or future landlord(s). This includes records on my payment history and any violations of my lease or occupancy 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 inquires that may be requested include but are not limited to:

Identity & Marital Status
Medical & Childcare Allowances
Residences and Rental Activity
Previous Landlords (including Public housing agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Past and Present Employers
State Unemployment Agencies

Student Status
Employment, Income and Assets
Credit and Criminal Activity
Social Security Administration
Medical and Child Care Providers
Pharmacies
Veterans Administration
Retirement Systems
Banks and Financial Institutions
Credit Providers & Credit Bureaus
Utility Companies

CONDITIONS:

I agree that a photocopy of the authorization may be used for the purpose stated above. The original of this authorization is on file at the Ann Arbor Housing Commission. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____	_____	_____
Head of Household	Print Name	Date

Social Security Number - Head of Household		
_____	_____	_____
Other Adult	Other Adult	Date
_____	_____	_____
Other Adult	Other Adult	Date
_____	_____	_____
Other Adult	Other Adult	Date

*NOTE: This general consent may not be used to request a copy of tax return. Of a copy of a tax return is needed, IRS 4506, request for a copy of a tax form must be prepared separately. By signing this document you acknowledge that you have read and do understand the above statement. **Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.*



The AAHC Family Self-Sufficiency Program can help you realize your dreams!!

The AAHC can help you with our free comprehensive services, resources, referrals and options to enhance your quality of life. Looking for resources? Save money when your rent increases. Use your Voucher to Purchase a Home or Further your Education!

The basic steps to participant in the FSS programs and how you can earn an escrow (savings) account are as follows:

1. You must be a current participant of the AAHC housing programs.
2. Complete the applications enclosed and return it to us. You may also print an application off the AAHC website, www.a2gov.org/housingcommission.
3. If you are still interested we will meet to establish a document your goals, sign your FSS contract of participation, and provide information to help you achieve your goals.
4. Once you either begin working or your current earned income increased, you begin earning escrow, which is a savings account that you will receive upon successful completion of the FSS program. Every time your housing assistance payment decreased due to earned income, the difference in new housing assistance payment paid is set aside by AAHC in an escrow account that earns interest – which is the money you receive tax free upon successful completion of your goals.

This program is voluntary and does not affect your eligibility for continued assistance under the housing program.

We now have FSS participants who are building escrow accounts that are over \$5,000! Our graduates from the FSS program have used their escrow accounts as a down payment for home purchases, to purchase a vehicle, to pay off debts, and to increase their personal savings account.

Call 734-794-6720 ext. 47209 or 47207 today... you could be our next successful graduate! We look forward to hearing from you.