|  |  |
| --- | --- |
| Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Property Name: |  | Telephone: |  |
| Address: |  | Fax: |  |
| Address 2: |  | TTD/TTY: | 711 National Voice Relay |
| Property Web Site |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Unit |  |
| Phone |  | email |  |

On        you notified the owner/agent of the following:

A change to your family income.

A change to your expenses (child care/medical expenses/disability assistance expenses).

The addition of a minor to your household:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been added

Removal of a household member:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ no longer lives in this unit

We were unable obtain third-party verification. In order to complete your certification in a timely manner, we will accept family self-certification:

Annual Gross Income from:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is now $      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New Projected Expense for:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is now $      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on the information provided, the annual gross income from       will be $      .

The information above will be used when creating a new HUD 50059 Certification. We will prepare a new certification and advise you of any changes to your rent and housing assistance payment.

If, you have a change to your household income, expenses or household composition, you are required to contact the management office within thirty (30) days and we will prepare a new certification if appropriate *Note from RBD: IN HUD’s Handbook Q&A, HUD advises owner/agents to define “reasonable” timeframes for resident reporting. Owner/agents should edit this sentence and should include the number of days defined in your own corporate policy. HUD does not define “reasonable”)* If your income is higher and you do not report to the management office within the timeframe noted above, you will be in violation of your lease and will be required to return any improper payment to the Department of Housing.

|  |
| --- |
| **PENALTIES FOR MISUSING THIS VERIFICATION FORM** |
| Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the 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 verification form is restricted to the purposes cited above. 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8).  Violation of these provisions are cited as violations of 42 U.S.C.  408 (a) (6), (7) and (8). |

I certify that the information I have provided above is true and complete. I also understand that, if I fail to fully and accurately report information about household composition, income and expenses and, as a result, receive an improper payment, that improper payment must be returned to HUD. In addition, my family may face termination of assistance and/or tenancy.

May we contact you electronically (email/text/online portal)?  Yes  No

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

Signature of HOH Date

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

Signature of Household Member Date

*While we respond to CDC recommendations to reduce face-to-face meeting, we will accept a photocopy of this signed document until we can schedule a meeting. Please keep the original so that you can provide it when we can schedule a face-to-face meeting and we can include it in your tenant file.*

**To Be Completed by Property Office Staff Only**

Under the penalties of perjury, I declare that the person or people who signed this form have provided proof of identity and have signed this form, attesting to the accuracy of the information provided, in my presence.

Name of witness *(please print)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Credible Witness Date