

Request for Change in Rent / Family Composition

Name:	_____
Address:	_____ _____
Phone:	_____
Email:	_____

I / We request a change in our rent and/or family status for the following:

Name of Family Member to be Added or Removed

Add or Remove	First Name & Last Name	Date of Birth	Sex	Social Security Number	Disabled Person?	Birthplace: Country	Full-time Student?
				____ _			
				____ _			
				____ _			

Change in Income

Family Member Name	Income Source	Amount \$	Employer Name & Address
		\$ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
		\$ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
		\$ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

Childcare

Family Member Name	Childcare Cost \$	Childcare Provider Name & Address
	\$ <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Signatures:

Head of Household Date

Other Family Member age over 18 Date

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.

Petición de Cambio de Alquiler / Composición de Familia

Nombre:	
Dirección:	
Teléfono:	

Yo solicito / nosotros solicitamos un cambio de alquiler y/o estado de familia para lo siguiente:

Nombre de Miembro de Familia para ser Añadido o Quitado

Añadir o Quitar	Nombre	Fecha de Nacimiento	Sexo	Numero de Seguro Social	Incapacitado?	Lugar de Nacimiento	Estudiante?
				____ _			
				____ _			
				____ _			

Cambio de Ingreso

Nombre	Origen de Ingreso	Cantidad \$	Nombre & Dirección de Empleo
		\$ <input type="checkbox"/> Semanar <input type="checkbox"/> Mensual <input type="checkbox"/> Annual	
		\$ <input type="checkbox"/> Semanar <input type="checkbox"/> Mensual <input type="checkbox"/> Annual	
		\$ <input type="checkbox"/> Semanar <input type="checkbox"/> Mensual <input type="checkbox"/> Annual	

Cuido de Niños

Nombre	Costo de Cuido de Niños \$	Nombre & Dirección de Proveedor de Cuido de Niño
	\$ <input type="checkbox"/> Semanar <input type="checkbox"/> Mensual <input type="checkbox"/> Annual	

Yo/nosotros certifico/que las declaraciones en esta aplicación son verdaderas al mejor de mi/nuestro conocimiento y creencia y entiendo que ellos serán verificados. Autorizamos la liberación de información a la Autoridad de Vivienda por mi/nuestro empleador(s), el Departamento de Asistencia Pública, la Administración de Seguro Social, y/o otras agencias comerciales o del gobierno. Entendemos que cualquier declaración falsa hecha en esta aplicación hará que seamos descalificados para la admisión.

Firma:

Cabeza

Fecha

Otro Adulto

Fecha

Advertencia: 18 Congreso de los Estados Unidos 1001 provee, entre otras cosas que a quienquiera a sabiendas y voluntariamente hace o usa un documento o escribiendo contener la declaración falsa, ficticia o fraudulenta o la entrada en cualquier materia dentro de la jurisdicción de un departamento o agencia de los Estados Unidos serán multadas no más de 10,000 dólares o encarceladas durante no más de cinco años o ambos.

SELF-CERTIFICATION

DATE: _____ APT. #: _____

DEVELOPMENT NAME: _____

APPLICANT/RESIDENT: _____

I, _____, certify to the following:
this request for a reduction in rent is due to a loss of employment related to the Coronavirus National Emergency declared on March 13, 2020 by the President of the United States. The term of the requested reduction in rent will be determined by the length of the Coronavirus National Emergency.

Under penalties of perjury, I hereby certify that the information provided above is accurate and complete as of this date. I consent to release such information in order to comply with government regulations regarding allocation of affordable housing under the LIHTC program - Section 42 of the Internal Revenue Code. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and that any misrepresentation will be considered a material breach of the lease agreement and subject me to penalties including but not limited to immediate termination of lease.

*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 departments of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 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), (8).*

Applicant/Resident Signature

Social Security Number, (last four digits only)

