

PROCESS FOR REQUESTING A CHANGE IN HOUSEHOLD INCOME

BMHA requires Public Housing tenants to report interim changes within ten (10) calendar days of when the change occurs *in writing*. Failure to comply with this requirement may result in an eviction being filed against the tenant and/or retroactive rent charges. Also, BMHA is unable to accept any change in the household income if the income change will not last at least thirty (30) days. In order to have a change in household income processed, tenants are required to complete a "Change in Household Income Request" form.

****ALL INCOME CHANGES MUST BE RECEIVED BY BMHA NO LATER THAN THE CLOSE OF BUSINESS (4:30 PM) ON THE 23RD OF EACH MONTH.****

MANDATORY DOCUMENTATION

- Change in Household Income Request form (attached)

VERIFICATION, IF REPORTING A CHANGE IN EARNED (EMPLOYMENT) INCOME:

- Increased or decreased household earned income, attach the following:
 - Paycheck stubs
 - Letter on employer's letterhead listing start/end date, hours worked, pay rate and frequency of pay
- Employment Termination/Separation (*paycheck stubs are not an acceptable form of verification of employment ending*)
 - Letter on employer's letterhead indicating date of termination/separation, and anticipated return date if applicable
- If tenants are unable to obtain the required verification, as listed above, documentation of their attempts must be provided to BMHA

*Only with approved documentation of a tenant's inability to obtain the mandatory verification, a notarized statement may be used as a "Self-Certification" for the purpose of verifying current household income.

VERIFICATION, IF REPORTING A CHANGE IN UNEARNED INCOME:

- Most recent award letter from:
 - Butler County Job and Family Services (OWF/TANF/FOOD STAMPS)
 - Social Security Administration (SS/SSI Benefits)
 - State Unemployment Compensation Benefits
 - Worker's Compensation Benefit Statement
 - Current Pension Benefit Statement (i.e. Retirement, Veteran's Administration, etc.)
- 12 month child support printout printed within the last thirty (30) days
- Notarized Zero Income statement

*When reporting a change in Childcare and/or Medical expenses, please attach applicable verification to include: 12 month payment history, payment receipts, etc.

5/8/2019

CHANGE IN HOUSEHOLD INCOME REQUEST

Head of Household: _____ Last 4 of SSN# _____
 Address: _____ City: _____
 Email Address: _____ Phone: _____

The below income change(s) apply to the following household member: _____

Increase in household earned (employment) income (Please check all that apply):

- Increased wages
- Increased hours
- New Employment (Provide start date of new employment _____)

Employer Name: _____
 Employer Phone: _____ Employer Fax: _____
 Employer Address: _____ City _____ State _____ Zip _____
 Hourly Pay Rate: _____ Average hours worked per week _____

****Attach current consecutive paystubs or letter on company letterhead indicating start date, rate of pay, hours worked per week and frequency of pay**

Decrease in household earned (employment) income (Please check all that apply):

- Decreased wages (attach 30 days of consecutive paystubs to support change)
- Decreased hours (attach 30 days of consecutive paystubs to support change)
- Employment Termination (Date employment ended _____) Are you applying for unemployment? _____
- Leave of Absence (Date last worked _____ Scheduled return date _____) Are you applying for unemployment? _____
- Laid -Off (Date last worked _____ Scheduled return date _____) Are you applying for unemployment? _____

Employer Name: _____
 Employer Phone: _____ Employer Fax: _____
 Employer Address: _____ City _____ State _____ Zip _____
 Hourly Pay Rate: _____ Average hours worked per week _____

****Attach current consecutive paystubs or letter on company letterhead indicating start date, rate of pay, hours worked per week and frequency of pay**

Additional change(s) (Please check all that apply):

		Current Amount:	Effective Date:
<input type="checkbox"/> Child Support	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____	_____
<input type="checkbox"/> OWB/TANF	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____	_____
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____	_____
<input type="checkbox"/> Pension	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____	_____
<input type="checkbox"/> SS or SSI	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____	_____
<input type="checkbox"/> Regular Contributions	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____	_____
<input type="checkbox"/> Expenses (Childcare/Medical)	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease	\$ _____	_____

****Attach the verification to support your requested change: 12 month child support printout or the most recent award letter printed within the last 30 days for: OWB/TANF/Food Stamps, State unemployment compensation, SS or SSI benefits, Pension benefits. For Childcare or Medical expenses, please attach 12 month payment history or receipts**

By signing below, I have released information to BMHA regarding my household income. I am also certifying that the information provided regarding my household income is true and accurate to the best of my knowledge. I understand that any false statements contained herein may result in an eviction being filed against me and/or retroactive rent charges.

Household member completing this form: _____

Signature _____ Date: _____

3/8/2019



GENERAL RELEASE FORM

I hereby authorize/direct The Hamilton/Middletown Police Department, or any other Federal, state, or local agency, organization, business, or individual, to release any information needed to determine my eligibility for housing or continued occupancy with Butler Metropolitan Housing Authority.

Por la presente autorizo directa el Departamento de policia de Hamilton/Middletown, o cualquier otro Federal, estado, o agencia, organizaci3n, negocio o individuo, para liberar cualquier informaci3n necesaria para determinar mi elegibilidad para uso de vivienda o continuar con Autoridad de vivienda metropolitana de Butler.

I authorize you to release as applicable, any credit, financial, employment information relating to my previous housing tenancy, credit information, my personal or family's conduct including criminal records or drug abuse. This information is to be used solely by Butler Metropolitan Housing Authority to determine whether or not I qualify as an applicant or for continued occupancy as a resident. It will not be disclosed outside the agency without my consent, but may be viewed by authorized employees or representatives of the U.S. Department of HUD, as applicable.

Autorizo a soltar segun sea el caso, cr3dito, financiera, empleo informaci3n relacionada con mi anterior tenencia de la vivienda, informaci3n de cr3dito, mi personal o conducta de la familia como antecedentes penales o abuso de drogas. Esta informaci3n debe ser utilizado unicamente por la autoridad de vivienda metropolitana de Butler para determinar si o no calificar como un candidato para ocupaci3n continua como residente. No ser3 revelada fuera de la agencia sin mi consentimiento, pero puede ser visto por los empleados autorizados o representantes de los Estados Unidos Departamento de HUD, segun sea el caso.

I understand, depending on Butler Metropolitan Housing Authority's policies and requirements, that verification of information for household or may be required. I agree that a photocopy of this authorization may be used for the purposes stated above.

I entender, segun de Butler metropolitana autoridad de vivienda las pol3ticas y requisitos, esa verificaci3n de la informaci3n para el hogar o puede ser necesario. Estoy de acuerdo que una fotocopia de esta autorizaci3n puede utilizarse para los fines indicados anteriormente.

Signature Head of Household

Date

Signature Co-Head/Other Adult

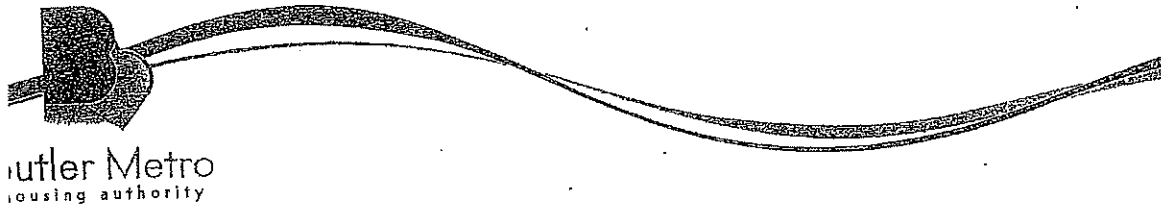
Date

Signature Other Adult

Date

Signature Other Adult

Date



Butler Metro
Housing Authority

Name _____ Address _____

City _____ State _____ Zip _____

I (we) hereby certify that I (we) do not individually receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc)
- Income from operation of a business
- Rental income from real or personal property
- Interest or dividends from assets
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits
- Unemployment or disability payments
- Public Assistance payments
- Periodic allowances such as alimony, child support, or gifts received from persons not living in my household
- Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc)
- Any other source not named above

I (we) currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months

I (we) will be using the following sources of funds to pay for rent and other necessities _____

Under penalty of perjury, I (we) certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination assistance.

_____	_____	_____
Signature of applicant/participant	Print Name	Date

_____	_____	_____
Signature of other household member (if applicable)	Print Name	Date

***** This statement must be signed before a Notary Public. Form will not be accepted without the Notary seal *****

Signed and sworn to in my presence this _____ day of _____, 20____. My notary expires _____.

Signature of Notary Public _____

EMPLOYMENT VERIFICATION

Employer: _____ Date: _____
 Address: _____ Employee: _____
 Phone: _____ Fax: _____ Acct # _____
 Social Security #: _____

I do hereby authorize you to release the information requested below directly to the Butler Metropolitan Housing (BMHA) Leasing Department

Name: _____ Signature: _____
Print Name This consent form expires 15 months after SIGNED/Date

BMHA LEASING REPRESENTATIVE _____ EMAIL _____ Phone: (513) 896-4411 EXT. _____
 Fax: (513) 868-5290

***** FOLLOWING TO BE COMPLETED BY EMPLOYER ONLY*****

Employer needs to furnish the following information

MY SIGNATURE BELOW INDICATES THAT THE INFORMATION BEING PROVIDED IS CORRECT

SIGNATURE: _____ DATE: _____
 TITLE: _____ PHONE#: _____

EMPLOYER NEEDS TO COMPLETE - WORK SCHEDULE

DATE STARTED:	DATE STOPPED:
NUMBER OF HOURS WORKED PER PAY PERIOD	TOTAL AMOUNT PAID BY EMPLOYEE PER PAY PERIOD FOR HEALTH INSURANCE. (MEDICAL, DENTAL, VISION)
RATE PER HOUR: \$	
AVERAGE TIPS OR COMMISSION PER PAY: \$	PAID (CIRCLE ONE) DAILY, WEEKLY, BI-WEEKLY, SEMI-MONTHLY, MONTHLY
CURRENT AVERAGE WAGES/SALARY: \$	YEAR TO DATE EARNINGS:\$

EMPLOYMENT INFORMATION MUST BE COMPLETED BY EMPLOYER (PLEASE COMPLETE ALL THAT APPLY)

CURRENTLY EMPLOYED: YES NO (PLEASE CIRCLE)	NO LONGER EMPLOYED EFFECTIVE: _____
BETWEEN ASSIGNMENTS AS OF:	REASON: _____
LAI D OFF ON:	DATE & AMOUNT OF FINAL PAY: _____
	ON LEAVE OF ABSENCE SINCE: _____
	PAID OR UNPAID? _____

EMPLOYER PLEASE PROVIDE PAY INFORMATION (LAST 6 (SIX) GROSS AMOUNTS AND PAY DATES)

DATE RECEIVED	GROSS \$ AMOUNT	DATE RECEIVED	GROSS \$ AMOUNT
1.		4.	
2.		5.	
3.		6.	