

Vermont State Housing Authority (VSHA)

One Prospect Street,
Montpelier, Vermont 05602
Phone: (802) 828-3295 or 1-800-820-5119 (messages)
Fax: (802) 828-3248 TTY: 1-800-798-3118



Housing Programs: Interim Recertification

This interim recertification is to report changes in your circumstances between your annual recertifications. Please return this form to VSHA. One Prospect St, Montpelier, VT 05602, you can also submit it electronically through the Participant Portal, or via Fax: 802-828-2111.

Any questions? Help is available.

CALL: (802) 828-3295
1-800-820-5119

VISIT: You can visit our office in Montpelier. Please call first to schedule an appointment.

SENIORS: If you're 60 or older, call Vermont's Senior Helpline at 1-800-642-5119.

TTY/RELAY: If you're deaf or hard of hearing, dial
1-800-798-3118.

Other Important Facts:

If you have Limited English Proficiency, we can provide free interpretation services to help you access our services.

If you have a disability, you may be entitled to reasonable¹ accommodations to help complete this form. This could include:

- Providing information in accessible formats (e.g., large print or Braille).
- Giving you more time to gather any documents we need.
- Making an exception to our rules or policies to make it easier for you to participate in our programs.

To request an accommodation:

Call: (802) 828-3295

Write: Vermont State Housing Authority,
One Prospect St., Montpelier, VT 05602.

If you need help making your request, please let us know. We're happy to help!

¹ Reasonable means an accommodation that doesn't present an undue financial and administrative burden and has an identifiable relationship to the person's disability.

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One Prospect St., Montpelier, VT 05602
Fax: (802) 828-2111; Phone: (802) 828-3295
1-800-820-5119 (messages); TTY: 1-800-798-3118

Interim Recertification:

An interim is used to report changes in your households circumstances between annual recertification. Please indicate the change(s) you are reporting below. If you need more space you may add additional pages. Please be sure to include the Head of Household's name and the last 4 digits of their social security number at the top of each additional page.

Head of Household:		Date of Birth:
Social Security #:	Phone #:	Email: (Primary contact if provided)

Mailing Address:

Physical Address: (If different from Mailing Address)

What Change(s) are you reporting?

Increase in Income Adding Household Member Decrease in Income Removing Household Member

Other please explain: _____

For Increases in Income:

Who in the Household has the increase? _____

What has changed? Job Rate of pay # of hours working (weekly, bi-weekly) Other

Please explain: _____

When did this change happen? _____

Please provide verification of this new income. (1 month of paystubs, letter of hire, SS letter, etc.)

For Decreases in Income:

Who in the household has the decrease? _____

What has changed? Job Rate of pay # of hours working (weekly, bi-weekly) Other

Please explain: _____

When did this change happen? _____

Please provide verification of this decrease. (Termination letter, benefit decision notice, etc.)

To Add a Household Member:

Provide details for everyone you are wanting to add to your household. Use extra paper if necessary. Please include your name and last 4 digits of your social security number at the top of any additional pages.

Other person 1	Name:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender? <input type="checkbox"/> M <input type="checkbox"/> F
	Date of Birth:	Social Security # :	Relationship to head?
	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> other	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Citizenship: <input type="checkbox"/> U.S. Citizenship/ National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Other
Other person 2	Name:	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender? <input type="checkbox"/> M <input type="checkbox"/> F
	Date of Birth:	Social Security # :	Relationship to head?
	Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> other	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Citizenship: <input type="checkbox"/> U.S. Citizenship/ National <input type="checkbox"/> Refugee/Asylee <input type="checkbox"/> Other

To Remove a Household Member:

Provide the information requested below of who you are removing from your household.*

- Who is no longer in your household? _____
- When did they move out? _____
- Where are they now living? _____
- Are they deceased? Yes No

Please provide documentation of their new address such as new lease, utility bill in their name at the new address, a statement from their new landlord, etc.

***Please Note: if it is not possible to obtain this information due to safety reasons or other concerns, please reach out to your specialist for more options.**

ADDITIONAL DOCUMENTATION REQUIRED:

- For adding new people to your household please submit:**
 - Copies of Social Security Cards.
 - Proof of Identity (government issued ID, Birth certificate, immunization record, etc.)
 - Approval from Landlord for adults being requested to be added.
- For reporting changes in income please provide verifications to support change:**
 - Letter of hire, current paystubs, benefit award letter, termination notice, etc.
- For other changes please provide documentation to verify that change:**
 - For increase in out of pocket medical expenses, child/adult care expenses, etc.

SIGN BELOW

Unsigned interims will be returned.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I knowingly provide false or incomplete information.

Head of Household Signature: _____ Date: _____

Co-Head/Spouse Signature: _____ Date: _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing
OMB Control Number 2577-0295
Expiration Date 1/31/2025

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Vermont State Housing Authority
One Prospect Street
Montpelier, VT 05602

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date		
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. 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 HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information

Tenant ID _____

HA requesting release of information:
 Vermont State Housing Authority
 1 Prospect St
 Montpelier, VT 05602

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Social Service Agencies
- State Unemployment Agencies
- State Wage Information Collection Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies
- Internal Revenue Service

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

, Head of Household	Date	Social Security Number (If any) of Head of Household	
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA 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 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 HA or the owner responsible for the unauthorized disclosure or improper use.