

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

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

To Remove a Household Member:

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

1. Who is no longer in your household? _____
2. When did they move out? _____
3. Where are they now living? _____
4. 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: _____



Vermont State Housing Authority

1 Prospect Street, Montpelier VT 05602-3556
802-828-3295 (Voice) – 802-828-2111 (Fax)
800-820-5119 (Message)
www.vsha.org



VSHA Release of Information

I (please print your name) _____ authorize for Vermont State Housing Authority (VSHA) and the below named agencies to share information related to my rental assistance, housing needs, and receipt of social services including benefit/assistance amounts, child support payments, household composition, and household member identifying information (e.g., date of birth, social security number) to VSHA for the purpose of determining my initial or on-going program eligibility.

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

- Courts and Post Offices
- Schools and Colleges
- State Unemployment Agencies
- Banks and other Financial Institutions
- All Vermont State Housing Authority departments
- Past and Present Employers
- Medical and Child Care Providers
- State Social Service Agencies (Economic Services, Office of Child Support, etc.)

Additional people/agencies & phones able to share information:

This also includes information related to my criminal background check: YES ☐ NO ☐

Name (Head of Household)	SSN (last 4 digits)	Date of Birth

Address	Phone Number



Signature of Head of Household:

Date:

Each member of your household who is 18 years of age or older must sign the consent form.

Other Family Member over age 18:

Date:

Other Family Member over age 18:

Date:

This consent form expires 12 months after being signed or at my request, whichever comes first.

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Vermont State Housing Authority
One Prospect Street
Montpelier, VT 05602

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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

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

Public Housing
Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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 Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. 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 and the HA (or any employee of HUD or the HA) 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.