



HOUSING AUTHORITY of Carbon County

251 S. 1600 E., #2647
Price, Utah 84501
(435) 637-5170
Fax (435) 637-5178

REASON FOR CHANGE

INCOME: Increase _____

Decrease _____

Same _____

FAMILY COMPOSITION

Date: _____

INTERIM Sec 8 PH

Tenants Name _____

Signature: _____

Address: _____

Telephone: _____

MAILING ADDRESS: _____

City: _____

State: _____ Zip: _____

A. FAMILY MEMBERS RESIDING IN THE DWELLING ARE:

	Name	Birth Date	Social Security #	Age	Gender	Relationship to Family Head
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

B. LIST ALL SOURCES OF INCOME

	Family Member	Per month	Source
1.			
2.			
3.			

C. CHANGE OR ANTICIPATED CHANGE IN FAMILY COMPOSITION:

NEW MEMBER INFORMATION: Have you listed anyone new to your household since you last filled out this paper? Yes No
If you answered yes please complete the following:

*** **MUST HAVE BIRTH CERTIFICATE AND SOCIAL SECURITY CARD FOR EACH REGARDLESS OF AGE:**

	Full Legal Name	Social Security #	Birth Date	Age	Birth Place: City, State
1.					
2.					

In signing this consent form, you are authorizing Housing Authority of Carbon County (HACC) to request income information from the sources listed below. HACC needs this information to verify your household's income, In order to ensure that you are eligible for assisted housing benefits and these benefits are at the correct level. HACC is required to protect the information it obtains through the use of this form. HACC may disclose information for certain routine uses such as to other government agencies including other Housing Authorities . HACC is required to protect the information obtained in accordance with any applicable State privacy law. Private owners may not request or receive information authorized by this form.

This consent form expires 15 months after signed.

Head of Household - Signature	Social Security Number	Date
Spouse - Signature	Social Security Number	Date
Family Member (age 18 +) - Signature	Social Security Number	Date
Family Member (age 18 +) - Signature	Social Security Number	Date

All below listed sources may be contacted and requested to provide Income Information for you and all household member through the use of this consent form. Please check ALL agencies that apply to your family and the amounts you receive.

Name of Person Receiving:

- Any Employer
 - Any Unemployment
 - Any Dept of Public Welfare Agency (Food Stamps, Financial, etc...)
 - Any Child Support Agency (ORS or Other)
 - Any Social Security Administration Agency (SS, SSI, SSDI, or Widows)
 - Any Veteran's Administration Agency that administers benefits to Veterans
 - Any Pension Plan
 - Any Bureau of Workers Compensation Agency
 - Any Medical Insurance Policies
- ASSETS:**
- Any Life Insurance Policies (cash Value) _____
 - Any Bank or Lending Institution Including Checking & Savings Accts
 - Do you own any real estate? (value & location) _____
 - Stocks, bonds, or other securities _____

HOUSING AUTHORITY OF CARBON COUNTY
 251 SOUTH 1600 EAST #2647
 PRICE UTAH 84501
 PHONE: (435) 637-5170
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EMPLOYER'S STATEMENT OF SALARY AND WAGES

Date: _____ INTREM SEC 8 PH

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

We are legally required to verify the income from all sources of all families applying for admission to, or continued occupancy in, developments in the low-rent housing program of this Housing Authority.

The below named applicant (tenant) has given your name as an employer reference for a dwelling unit (or for continued occupancy) in one our developments. We are requesting your cooperation in supplying the information below, which applies to the period during which you employed this applicant. This information will be used only in determining the family's eligibility and rent.

I _____, hereby authorize and request my employer to furnish the following information which is necessary in determining my eligibility and rent for low-rent public housing.

 Signature of Applicant/Tenant _____
 Signature of Housing Authority Representative

Personal Information

Employee Name _____ Social Security _____

Employee Address _____

*******TO BE FILLED OUT BY EMPLOYER ONLY*******

Employee Information

Job Title	Date Started: _____ Ending Started: _____	Rate of Pay \$ _____ per _____
Date Present Rate of Pay Became Effective:	If less than 12 months, give previous rate of pay and effective date:	
Average number of hours worked per week:	Overtime Rates \$ _____ per _____ _____ Begins after _____ hours	Total Gross Earnings for the past 12 months:

Benefits:

Commission	() Yes () No	Amount \$ _____	Per _____
Tips	() Yes () No	Amount \$ _____	Per _____
Bonus	() Yes () No	Amount \$ _____	Per _____
Sick Leave w/pay	() Yes () No	Amount \$ _____	Per _____
Vacation w/pay	() Yes () No	Amount \$ _____	Per _____

Person Verifying Information: _____ Title _____ Date _____

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PHONE: (435) 637-5170
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Date: _____

INTREM SEC 8 PH

Office of Recovery Service

150 East Center Street, Suite 2100
Provo, Utah 84606
Fax: 801-374-7206

Income verification to determine eligibility for participation in the Public Housing Program, or the Section 8 Existing Program, administered through the Housing Authority of Carbon County.

Name: _____ Telephone: _____

Social Security #: _____ Date of Birth: _____

Person/Family requesting release of information

Signature _____

Section 8 Representative _____

Public Housing Representative _____

Comments _____

*** TENANT DO NOT WRITE BELOW THIS LINE ***

DWS - Please Complete the Following:

- ◆ Grant Amount \$ _____ Wages (if any): _____
- ◆ Employed By: _____ How Long: _____
 - ◆ On E.W.P. _____ Amt./wk: _____
 - ◆ Recipients of Welfare to Work Program (actively seeking employment)
Amt/wk: _____
 - ◆ Actively Participating in PT or FT school (training leading to a certificate of completion)
() Yes () No
 - ◆ Disabled/Handicapped () Yes () No
 - ◆ Medical Assistance () Yes () No
 - ◆ Food Stamps () Yes () No

Allowable child support from Recovery Services \$ _____

Form 702 – Affidavit of Contribution () Yes () No

Person Verifying Information _____ Date of Verification _____