



RENO HOUSING AUTHORITY
UPDATE INFORMATION



Directions: **Answer all questions as they stand today.** Do not report anticipated changes, only changes that have actually occurred. Do not write "varies," "on file," "already reported," etc. Failure to provide complete information may result in delays in updating your file, and may result in the termination of your housing assistance. All changes must be reported within 10 calendar days (Public Housing) or 30 calendar days (Section 8) of the change. *If available*, please include pay stubs, benefit letters, or other documentation for the change. **Do not** delay reporting the change while waiting for supporting documents.

Head of Household Name: _____

Social Security number or Client number: _____ Home Phone: _____

1. Are you requesting a decrease in your portion of rent based on the changes you are reporting today?

No Yes

2. Do you anticipate a new source of income starting within 30 days?

No Yes

3. Have there been any changes in the membership of your household? For example: someone moving out, marriage, divorce, child born, etc. (You must complete an add-a-member form and receive written approval from the Reno Housing Authority prior to anyone moving into the unit.)

No Yes (provide all information)

Date of change: _____ Describe change: _____

4. Is the Head of Household employed (including self-employment)?

No Yes (provide all information & check box at right) Part-time

Full-time

Employer's name(s): _____

Employer's address: _____

City: _____ State: _____ Zip code: _____

Date of Hire: _____ Rate of pay: \$ _____ per _____ Hours per week (give a range if varies): _____

Other, such as: tips, meal allowance, bonuses, or overtime (specify type, amount, and frequency): _____

5. Has the Head of Household lost any source of income?

No Yes (provide all information & check box at right) Decrease of income

Total loss of income

Date income lost: _____ Type of income lost: _____

Name of person/entity supplying income: _____

Address of person/entity supplying income: _____

City: _____ State: _____ Zip code: _____

6. Is any other household member employed? (Minor or adult) Part-time
 No Yes (provide all information & check box at right) Full-time

Person employed: _____

Employer's name(s): _____

Employer's address: _____

City: _____ State: _____ Zip code: _____

Date of Hire: _____ Rate of pay: \$ _____ per _____ Hours per week (give a range if vary): _____

Other, such as: tips, meal allowance, bonuses, or overtime (specify type, amount, and frequency): _____

7. Has any other household member lost a source of income? Decrease of income
 No Yes (provide all information & check box at right) Total loss of income

Person who lost income: _____ Date income lost: _____

Type of income lost (if employer, name of employer): _____

Address of person/entity supplying income: _____

City: _____ State: _____ Zip code: _____

8. Does any household member receive benefits from an outside agency?
 No Yes (Check all that apply and complete information for each one checked)

TANF (cash aid): Agency providing assistance: _____
Amount receiving: \$ _____ Start date: _____ End date: _____

Food Stamps Agency providing assistance: _____
Amount receiving: \$ _____ Start date: _____ End date: _____

General Assistance Agency providing assistance: _____
Amount receiving: \$ _____ Start date: _____ End date: _____

Energy Assistance Agency providing assistance: _____
Amount receiving: \$ _____ Start date: _____ End date: _____

9. Does any member of your household receive child support payments? (If you receive payments from multiple sources, please clearly indicate ALL payments received. You may attach a separate sheet of paper or make a note on the back of this form.)

No Yes (provide all information)

Is this support court ordered? _____ (If yes, the RHA must have a copy of the order on file.)

Name of child(ren) the payments are for: _____

Name of person/agency from which you receive payments: _____

Address of person/agency: _____

City: _____ State: _____ Zip code: _____

Amount receiving: \$ _____ per _____ Start date: _____ End date: _____

10. Is any member of your household (age 18 or over) attending school? Part-time
 No Yes (provide all information & check box at right) Full-time

Student Name: _____

Name of school: _____

Address of school: _____

City: _____ State: _____ Zip code: _____

Start date: _____ Expected Graduation date: _____

Amount received per year in financial aid (loans, grants, scholarships): \$ _____

11. Does any household member receive a pension? No Yes (provide all information)

Name of person receiving pension: _____

Name of entity paying pension: _____

Address of entity paying pension: _____

City: _____ State: _____ Zip code: _____

Amount receiving: \$ _____ Start date: _____ End date: _____

12. Does any household member receive Social Security benefits (SS, SSD, SSI)? No Yes (provide all information)

Name of person receiving benefits: _____ amount (before deductions): \$ _____

Type of benefit (SS, SSD, SSI): _____ Start date: _____

Name of person receiving benefits: _____ amount (before deductions): \$ _____

Type of benefit (SS, SSD, SSI): _____ Start date: _____

Name of person receiving benefits: _____ amount (before deductions): \$ _____

Type of benefit (SS, SSD, SSI): _____ Start date: _____

Name of person receiving benefits: _____ amount (before deductions): \$ _____

Type of benefit (SS, SSD, SSI): _____ Start date: _____

13. Does any household member receive unemployment benefits? No Yes (provide all information)

Name of person receiving unemployment: _____

Name of entity paying unemployment: _____

Address of entity paying unemployment: _____

City: _____ State: _____ Zip code: _____

Amount receiving (before taxes): \$ _____ Start date: _____ End date: _____

14. Does anyone outside your household help you pay your bills or pay any of your bills on your behalf?

- No Yes (provide all information)

What the income/support is for: _____

Name of person/entity supplying income: _____

Address of person/entity: _____

City: _____ State: _____ Zip code: _____

Amount receiving: \$ _____ per _____ Start date: _____ End date: _____

15. Has any household member had a change in assets (checking account, savings account, IRA, 401K, annuity, stocks, bonds, CDs, Whole Life Insurance, etc.)?

- No Yes (Check all that apply and supply requested information.)

Opened bank account Account # (last four digits): _____ Bank: _____

Type (checking, savings, etc.): _____ Current balance: \$ _____ Interest Rate: _____

Closed bank account Account # (last four digits): _____ Bank: _____

Sold asset for less than value Description of asset: _____

Sale price: \$ _____ Value: \$ _____

Other (please explain): _____

16. Has anyone in the household received a lump sum payment?

- No Yes (provide all information)

Reason for lump sum (taxes, back pay for benefits, etc.): _____

Name of person/entity paying lump sum: _____

Address of person/entity: _____

City: _____ State: _____ Zip code: _____

Amount received: \$ _____ Date received: _____

What you did with the money (put in bank account, bought items, paid off bills, etc.): _____

17. Does any household member receive income from any other source?

- No Yes (provide all information)

Describe income (2nd job, self-employment, family support, etc.): _____

Name of person receiving income: _____

Name of person/entity supplying income: _____

Address of person/entity: _____

City: _____ State: _____ Zip code: _____

Amount receiving: \$ _____ per _____ Start date: _____ End date: _____

18. Has any household member had a change in medical expenses?

No

Yes (provide all information)

For households eligible for medical deductions (elderly and disabled families), describe changes: _____

19. Does any household member pay for childcare?

No

Yes (must check one of the following boxes and complete entire section)

Childcare allows another in the household to work: Questions 4 or 6 must be "Yes."

Childcare allows another in the household to go to school: Question 10 must be "Yes."

Childcare allows another in the household to seek employment: Provide documentation of seeking work.

Name and age of child(ren) receiving care: _____

Name of childcare provider: _____

Address of childcare provider: _____

City: _____ State: _____ Zip code: _____

Amount paid by household: \$ _____ per _____

Does any person/agency outside of the household pay for the childcare? No Yes (complete section)

Amount paid by person/agency outside of household: \$ _____ per _____

Name of person/agency outside of household paying for childcare: _____

Address of person/agency outside of household paying for childcare: _____

City: _____ State: _____ Zip code: _____

I certify that the information given to the Reno Housing Authority (RHA) on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing to RHA all changes in family composition, income, assets, and expenses of any family member(s) within 10 days (Public Housing) or 30 days (Section 8) of the change. Further that no one is permitted to move into my unit without prior written approval of RHA and my landlord. I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from participation and may be grounds for eviction or termination of assistance.

I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud and any act of assistance to such attempt is a crime under Title 18, Section 1001 of the U.S. Code that states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

Signature of Head of Household _____ Date _____

Signature of Spouse or Co-Head _____ Date _____

Signature of Other Adult _____ Date _____

Address of household: _____

Home phone: _____ Cell phone: _____