

Request for Interim Adjustment

Form 409

I hereby request an adjustment in my rent due to the following reason (s):

Increase of Income
 Decrease of Income
 Change in Family Size
 Other

Public Housing

Section 8

TENANT NAME _____

ADDRESS _____

PHONE _____

SOCIAL SECURITY # _____

BIRTHDATE _____

CASE ID# (Child Support) _____

FAMILY COMPOSITION

List ALL persons being added or deleted from the lease

| Name (Last, First, MI) | Sex | Relationship | Social Security # | Date of Birth | City of Birth | State of Birth |
|------------------------|-----|--------------|-------------------|---------------|---------------|----------------|
| | | | | | | |
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All additions to the lease MUST provide a Birth Certificate and Social Security card. All adult additions must complete a pre-application and provide a photo ID (Driver's License or government issued ID's only). Additional persons are subject to approval of MHA.

INCOME INFORMATION

List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments, unemployment, Worker's compensation, retirement benefits, TANF, food stamps, Veteran's benefits, rental property income, stock dividends, alimony, and all other sources.

List ALL present sources of income: _____ Effective date: _____

| Source of Income | Household member | Address & Phone number of Source | Amount Rec'd | How Often |
|------------------|------------------|----------------------------------|--------------|-----------|
| | | | | |
| | | | | |

List ALL income you are no longer receiving: _____ Effective date: _____

| Source of Income | Household member | Address & Phone number of Source | Amount Rec'd | How Often |
|------------------|------------------|----------------------------------|--------------|-----------|
| | | | | |
| | | | | |

Signature of Tenant

Date

Failure to fully complete this form may result in delay of timely processing.

****Please sign the Release of Information Authorization on the back of this form****

For office use only

Received by mail

Received from tenant/other

Received by: _____ Date: _____

MHA Representative accepting this form from tenant certifies this form has been reviewed and it has been fully completed for processing.

AUTHORIZATION

For Release of Information

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business or individual to release to the Housing Authority of the City of Moline, Illinois any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8, Moderate Rehabilitation, Public Housing and/or other housing programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my past and/or present rental history to HUD, credit bureaus, collection agencies, state or local welfare agencies or future landlords. This includes records on my payment history and any violations of my lease or PHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirement, previous or current information regarding me or my household may be needed. Verifications and inquires that may be requested, include but are not limited to:

- | | | |
|----------------------------------|-----------------------------|-----------------|
| Identity & Marital Status | Employment, Income & Assets | Residences |
| Medical or Child Care Allowances | Credit & Criminal Activity | Rental Activity |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE CONSULTED

The groups or individuals that may be asked to release information include but are not limited to:

- | | | |
|-----------------------------|--------------------------------|----------------------|
| Previous Landlords | Past & Present Employers | Retirement Systems |
| Previous Housing Agencies | Welfare Agencies | Banks |
| Courts & Post Offices | State Employment Agencies | Finance Institutions |
| Schools & Colleges | Social Security Administration | Credit Providers |
| Law Enforcement Agencies | Medical & Child Care Providers | Credit Bureaus |
| Support & Alimony Providers | Veteran's Administration | Utility Companies |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD and/or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application and/or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found. I also understand that I have the opportunity to disprove any such adverse information. HUD or the PHA may in the course of its duties, exchange such information with other Federal, State and/or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, and Social Security Administration, State welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above and that facsimiles transmission may be used if necessary. The original of this authorization is on file with the PHA. I understand I have the right to review my file and will be given the opportunity to correct any information that I can prove is incorrect.

Head of household signature

Printed name

Date

Signature of adult member with change

Printed name

Date