

# 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 \_\_\_\_\_

EMAIL \_\_\_\_\_

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

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\*\***

Received by: \_\_\_\_\_

For office use only  
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 inquiries 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