HOUSING AUTHORITY
of the County of Riverside

Main Office
5555 Arlington Avenue
Riverside, CA 92504-2506
(951) 351-0700
FAX (951)354-6324
TDD (951) 351-9844

Indio Office
44-199 Monroe, Ste. B
Indio, CA 92201
(760) 863-2828
(760) 863-2838 FAX
TDD (760) 863-2830

Website:harivco.org

CHANGE REPORTING FORM
--Complete both sides of form--

Name_____ Social Security Number_____-____-_____

Address_____

Home Phone (_____) _____ Work Phone ( ) _____Other Phone (_____) _____

INCOME: My income has increased ☐ My income has decreased ☐ Please explain the change(s):

_____

_____

Please list ALL sources of income into the household (and provide CURRENT & ORIGINAL verification/s of each):

Employment	Amount $_____ Per month.	Name of Employer/Address/Phone/FAX: _____
Unemployment	Amount $_____ Per month	_____
Cal-Works (AFDC)	Amount $_____ Per month.	_____
Food Stamps	Amount $_____ Per month.	
Disregard Support	Amount $_____ Per month.	
Child Support	Amount $_____ Per month	
Veterans	Amount $_____ Per month	
Pension	Amount $_____ Per month	
Social Security	Amount $_____ Per month	
SSI	Amount $_____ Per month	
Disability	Amount $_____ Per month	
School grant	Amount $_____ Per month	
Other	Amount $_____, please specify_____	

FAMILY SIZE: **My family has increased. ☐** **My family size has decreased. ☐** **Please explain:**
Change is Permanent (Perm) ☐ **Change is Temporary (Temp) ☐**

Name _____ DOB ____/___/____Relationship _____ Add ☐ Remove ☐ Temp ☐ Perm ☐

Name _____ DOB ____/___/____Relationship _____ Add ☐ Remove ☐ Temp ☐ Perm ☐

Name _____ DOB ____/___/____Relationship _____ Add ☐ Remove ☐ Temp ☐ Perm ☐

Attach birth certificates & Social Security Numbers & proof of income (submit ORIGINAL income verification) for all new family members.

Please list any further changes: _____

_____

_____

I certify that the information I have provided on this form is true and correct to the best of my knowledge. I understand that my rent may be adjusted once this information is verified. Initials of all adults _____ _____ _____

***************ALL ADULTS MUST SIGN REVERSE OF THIS FORM******************

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I/We authorize and direct any Federal/State or local agency, organization, business, or individual to release to Housing Authority of the County of Riverside (HACR) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Affordable Public and Indian Housing, and/or other housing assistance 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/We also consent for HUD or HACR to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history and my violations of my lease or HUD/HACR policies. I/We also consent for HACR to share information with other county agencies, law enforcement and code enforcement agencies.

INFORMATION COVERED

I/We understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verification and inquiries that may be requested, include, but are not limited to:

Identity and Marital Status	Employment, Income and Assets	Residents and Rental Activity
Medical or Child Care Allowances	Credit and Criminal Activity	

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

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords	Past and Present Employers	Veterans Administration
Public Housing Agencies	Welfare Agencies	Retirement Systems
Courts and Post Offices	State Unemployment Agencies	Banks/Financial Institutions
Schools and Colleges	Social Security Administration	Credit Providers/Credit Bureaus
Law Enforcement Agencies	Medical and Childcare Providers	Utility Companies
Support and Alimony Providers		

COMPUTER MATCHING NOTICE AND CONSENT

I/We understand and agree that HUD or HACR may conduct computer matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of adverse information found and a chance to disprove incorrect information. HUD or HACR may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense, Office of Personnel Management; U.S. Postal Service; Social Security Agency; State Welfare and Food Stamp Agencies.

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with HACR and will stay in effect for one year and one month from the date signed. I/We understand I/We have a right to review my file and correct any information that I/We can prove is incorrect.

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER MUST COMPLETE AND SIGN:

Signature of Head of Household	Printed Name	Social Security Number	Date
Signature of Other Adult	Printed Name	Social Security Number	Date
Signature of Other Adult	Printed Name	Social Security Number	Date
Signature of Other Adult	Printed Name	Social Security Number	Date