



YAKAMA NATION HOUSING AUTHORITY

611 South Camas Avenue, P.O. Box 156, Wapato, WA 98951

Phone: 509-877-6171 Fax: 509-877-7830

INTERIM RECERTIFICATION

(PLEASE PRINT IN BLACK OR BLUE INK ONLY)

Head of Household:	Home Phone:
Mailing Address: City/State/Zip:	Cell Phone:
Physical Address: City/State/Zip:	Message Phone:
	Work Phone:

CHANGE OF HOUSEHOLD MEMBERS

(ADDING OR DELETING FAMILY MEMBERS)

If you are adding persons to your household, use the correct LEGAL NAME for each member being added as it appears on the Social Security Card. Copies of Social Security cards and Enrollment Verification is **required** for each household member being added.

Name	Add Or Delete	Date of Birth	Relationship to Head of Household	Tribal Affiliation & Enrollment Number	Social Security #	Place of Birth

Are any newly added adult (18 yrs or older) household members enrolled as a full time student?

Yes or No

If yes, please list names and provide documentation of enrolled student status:

CHANGE OF HOUSEHOLD INCOME

MUST BE COMPLETED FOR ALL 18 YRS OF AGE & OLDER BEING ADDED TO THE HOUSEHOLD
OR
TO REPORT A CHANGE IN CURRENT HOUSEHOLD INCOME

IF EMPLOYED or SELF EMPLOYED, PLEASE COMPLETE THIS SECTION & SUBMIT VERIFICATION

Household Member	Occupation / Job Title	Employer	Pay Schedule (weekly, bi-weekly or monthly)	Hours Per Week	Hourly Rate	Tips or Commission

OTHER HOUSEHOLD INCOME *VERIFICATION MUST BE SUBMITTED* If you do not have verification for your SSI or SS Benefits, you can call 1-800-772-1213 to have a copy of your benefits mailed to you.

Income Source	Head of Household	Spouse	Other Adult	Other Adult
Unemployment Benefits				
Labor & Industry Benefits				
Retirement/Pension Benefits				
Veteran's Benefits				
Social Security Benefits				
Social Security Income (SSI)				
Child Support or Alimony				
Lease Income				
AFDC / TANF				
General Assistance				
Other Income Please explain				

If there is an adult who does not receive any type of income they must sign a “Statement of No Income”

I _____ do not have any income. This includes earning from employment, payments from any public assistance program (DSHS/GA) unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to YNHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

Signature

Date

Social Security #

I _____ do not have any income. This includes earning from employment, payments from any public assistance program (DSHS/GA) unemployment benefits, social security benefits or SSI payments, lease income, babysitting or any other type of income. I understand that I must report any changes of my income status immediately to YNHA. I also understand that knowingly providing false or inaccurate information is punishable under Federal, State or Tribal Criminal Law.

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Signature

Date

Social Security #

ASSETS

Answer the following questions:

	No	Yes	If yes, please explain (use additional of sheet if needed)
1. Do you or any household member own or have an interest in any real estate, boat and/or mobile home?			
2. Do you have a savings account? If yes, give bank name & bank account amounts.			
3. Do you own a car? License plate #:			Make / Model / Year
4. Do you own a second car? License plate #:			Make / Model /Year
5. Have you or any other adult members ever used any name(s) or social security number(s) other than the one you are currently using?			
6. Have you or any household member lived in any assisted housing?			Where & When?
7. Have you or anyone in your household ever been convicted of any crime other than traffic violations?			Where & When?
8. Have you or anyone in your household ever committed of fraud in any Federal or State Assisted Program or been requested to repay money for knowingly misrepresenting information for such programs?			Where & When?

All adults 18 yrs of age and older must read carefully & sign:

I do hereby swear and attest that all of the information given about me and my household is true and correct. I also understand that ***ALL CHANGES in the income of any household member as well as ANY CHANGES in the household members*** must be reported to the Housing Authority in writing immediately.

I also agree that I know that ***I am required to cooperate*** in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completing and signing needed forms. ***I understand failure or refusal to do so may result in delay, termination of assistance, eviction and or disapproval of my application.***

I also understand that knowingly providing false, incomplete or inaccurate information is punishable under Federal, State, or Tribal criminal law. ***I understand that knowingly giving false, incomplete, or inaccurate information is grounds for immediate termination.***

Signature of Head of Household Date

Signature of Spouse or Other Adult Date

Signature of Other Adult Date

Signature of Other Adult Date

Authorization for the Release of Information

U.S Dept. of Housing & Urban Development
Office of Housing
Office of Public and Indian Housing

<p>PHA requesting release of information: (Name, Address & Phone Number)</p> <p style="text-align: center;">YAKAMA NATION HOUSING AUTHORITY P.O. BOX 156 WAPATO, WA 98951 (509) 877-6171</p>	<p>This form can not be used to request a copy of a tax return. Instead, use IRS Form 4506, Request for Copy of TAX Form.</p>
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Purpose:
The U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

Authorization:
I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Indian Housing
- Low-Income Rental Public Housing
- Mutual Help Homeownership Opportunity Program
- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 23 and 10 (C) Leased Housing
- Section 23 Housing Assistance Payments
- Section 202
- Section 221(d)(3) Below market Interest Rate
- Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, an Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

Individuals Or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Provider of:
 - Alimony
 - Child Care
 - Child Support
 - Credit
 - Handicapped Assistance
 - Medical Care
 - Pensions/Annuities
- Schools and Colleges
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utility Companies
- Welfare Agencies

Computer Matching Notice & Consent

I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal, or local agencies. The governmental Agencies include:

- U.S. Office of Personnel Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above.

If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature, Printed Name of Head of Household	Signature, Printed Name of Other Adult Member of the Household
Signature, Printed Name of Other Adult Household Member	Signature, Printed Name of Other Adult Member of the Household

Original is retained by the requesting organization.

Form HUD 9886 (4/91) ref. Handbooks 4350.3, 7420.7, 7465.1