CoAction™

Report of Change Form

- *All changes must be reported within 30 calendar days of their occurrence*
- *Only complete the sections of the form that describe the changes you are reporting*
- *Attach proof of all changes reported*

Change in Household Composition

Family Member Full Name (Print Clearly)	Add	Delete	Date of Birth	Social Security Number	Date of Change	Relationship to Head of Household
	☐	☐				
	☐	☐				

Explanation of change:

Change in Household Income

Family Member Name	New Income Amount	Amount of Increase	Amount of Decrease	Type of Income	Income Source Address	Date of Change

Explanation of change:

Other Changes

Type of Change	Date of Change

Explanation of Change:

Certification: **I declare, under penalty of perjury, that the above information is true and complete. WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

Head of Household Name	Date
Head of Household Signature	Telephone

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Authorization for the Release of Information

HA requesting release of information:

CoAc
CoAction
5240 Fountain Drive
Crown Point, IN 46307

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income and assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U. S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

Previous Landlords (including Public Housing Agencies)
Courts and Post Offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers
Past and Present Employers
Social Service Agencies
State Unemployment Agencies
State Wage Information Collection Agencies
Social Security Administration
Medical and Child Care Providers
Veterans Administration
Retirement Systems
Banks and other Financial Institutions
Credit Providers and Credit Bureaus
Utility Companies
Internal Revenue Service

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.
This consent form expires 15 months after signed.

Signatures:

Head of Household	Date	Other Family Member over age 18	Date
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date		

Document ID: 13232997059

Penalties for Misusing this Consent:
HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

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Asset Self-Certification

Tenant Name

Unit Address

All tenants must provide verification of assets and the income derived from those assets. Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. For all new assets, please provide current statements showing the value and interest rate of each asset.

An asset is any one of the following types without limitation:

401(k) or 403(b)	Checking Account	Life Insurance Policies	Pensions	Stocks
Bonds	Individual Retirement Accounts (IRA)	Money Market Account	Real Property (land)	Trust Funds
Certificate of Deposit	Inheritances	Mutual Funds	Savings Account	

Expected income can be derived from interest, dividends, regular periodic payments or regular withdrawals. Enter the Current Balance (worth) of the asset, the annual income expected and whether the account is open or closed.

Current Household Assets

Account Holder	Type of Account	Account Number	Current Balance	Expected Income	Account Open/Closed
		TOTAL			

Certification

☐ The Total Family Assets above do not exceed $5,000.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000, or imprisoned up to five years if I furnish false or incomplete information.

Head of Household	Date	Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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Zero Income Self-Certification

Tenant ID _____

Tenant Name

Unit Address

All tenants that claim zero income must complete this form every 90 calendar days. Failure to complete this form in a timely manner may result in the termination of your housing assistance as well as your participation in the program. Additionally, any and all changes in household income and /or composition must be reported within thirty (30) calendar days of the change through the use of the Report of Change Form.

Income Source	Yes/No	Monthly	If "Yes", who receives it
Alimony Payments or Child Support		$	
Disability Benefits, Supplemental Security Income (SSI), or Death Benefits		$	
Financial assistance to attend school		$	
Military Pay		$	
Periodic Gifts		$	
Retirement Payments		$	
Self Employment		$	
Social Security Benefits or Unemployment Benefits		$	
Wages/Salaries or Worker's Compensation		$	
	TOTAL	$	

	Monthly	Paid for by (Full Name, Mailing Address, & Telephone Number/E-mail Address)
Rent and Utilities	$	
Toiletries (e.g. shampoo, soap, etc.)	$	
Food/Beverages/Cigarettes	$	
Telephone	$	
Cable/Internet/Hotspot	$	
Transport (e.g. bus, gasoline, taxi, etc.)	$	
Baby items (e.g. formula, diapers, etc.)	$	
Laundry (e.g. detergent, cleaners, etc.)	$	
Clothing	$	
Other	$	
TOTAL	$	

Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000, or imprisoned up to five years if I furnish false or incomplete information.

Head of Household	Date	Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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IHCDA -

TENANT INFORMATION FORM

Please review and complete this form. This information will help us determine your assistance.

Head of Household _____

Unit Address _____

Unit City, State, ZIP _____

Mailing Address (if different than above) _____

Telephone Number: _____ ☐ Home ☐ Work ☐ Cell ☐ Other_____

Telephone Number: _____ ☐ Home ☐ Work ☐ Cell ☐ Other_____

E-mail Address _____ ☐ I would like to receive correspondence via e-mail.

Part 1: Household Information

Indicate the current status of all adults and children that will live in the housing unit to be assisted. Add new members in the space provided below, including the full Social Security Number for each. Enter one of the following codes in box 6 to identify the relationship of each new adult and child listed.

H = Head of Household
S = Spouse (Married)
K = Co-Head (Not Married)
F = Foster Child/Adult
Y = Youth Under 18
E = Full Time Student Over 18
L = Live-in Aide
A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number ***-**-		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number ***-**-		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number ***-**		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number		11. Living in Household ☐ Yes ☐ No
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex ☐ M ☐ F	6. Relation	7. Disabled ☐ Yes ☐ No
8. Ethnicity (Check One Box) ☐ Hispanic/ Latino ☐ Not Hispanic/ Latino	9. Race (Check All That Apply) ☐ White ☐ American Indian/Alaska Native ☐ Native Hawaiian/ Other Pacific Islander ☐ Asian ☐ Black/African American			10. Social Security Number		11. Living in Household ☐ Yes ☐ No

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TENANT INFORMATION FORM

Part 1: Household (Continued)

1.	Does your family lack a regular nighttime residence, live in a shelter, or other non residential place?	☐ Yes ☐ No
2.	Do you currently live or have you previously lived in, public housing, housing assisted by the Section 8 program, or any other type of federally subsidized housing?	☐ Yes ☐ No
3.	Have you or any member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program, for drug-related criminal activity during the past three years?	☐ Yes ☐ No
4.	Do you or any member of your household have a history of controlled substance or alcohol abuse that has not been abated through rehabilitation?	☐ Yes ☐ No
5.	Have you or any member of your household been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing?	☐ Yes ☐ No
6.	Are you or any member of your household subject to a lifetime sex offender registration under a State sex offender registration program?	☐ Yes ☐ No
7.	If any child or foster child under age six residing in the assisted unit tested positive for an EBL (Elevated Blood Lead Level) list the first name of each child with an EBL here:	

Part 2: Asset Information

1.	Has any member of the family given away or disposed of assets valued at more than $1,000 for less than fair market value during the past two years?	☐ Yes ☐ No

Review and update household assets held by any family member, irrespective of age. Add new assets in the space provided below. An asset is any one of the following types without limitation:

401(k) or 403(b)	Individual Retirement Accounts (IRA)	Mutual Funds	Stocks
Bonds	Inheritances	Pensions	Trust Funds
Certificate of Deposit	Life Insurance Policies	Real Property (land)	
Checking Account	Money Market Account	Savings Account	

DOCUMENTATION REQUIRED: Provide current statements showing the value and interest rate of each asset and check the Documentation Attached box for each asset.

Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No
Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No
Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No
Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No
Account Holder	Type of Account	Account Number	Current Balance	Account Status
			$	☐ Open ☐ Closed
Verification Source Name and Address				Documentation Attached ☐ Yes ☐ No

Attach Additional Sheets if Necessary

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TENANT INFORMATION FORM

Part 3: Income Information

1. Did you file a Federal Income Tax Return last year? ☐ Yes ☐ No

2. Does anyone living outside your household pay for or provide money for any of your household bills or living expenses? ☐ Yes ☐ No

Review and update the following income information for all family members 18 or older, including income received on behalf of household members under the age of 18. Check "Fixed" for income that changes annually based on a COLA or Interest Rate. Add new income sources in the space provided below. An income is any one of the following types without limitation:

Alimony Payments	Food Stamps	Self Employment	Wages/Salaries
Child Support	Military Pay	Social Security Benefits	Welfare Benefits
Disability Benefits	Periodic Gifts	SSI	Worker's Compensation
Financial assistance to attend school	Retirement Payments	Unemployment Benefits	

DOCUMENTATION REQUIRED: Provide two current and consecutive original pay stubs, payroll summary reports, SSA benefit verification letters, child support payment stubs, welfare benefit letters and/or printouts, self employment tax statements, or unemployment benefit notices, and check the Documentation Attached box for each income.

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Income Type	Fixed	Monthly Income	Current Income	Documentation Attached
			$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Attach Additional Sheets if Necessary

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TENANT INFORMATION FORM

Part 4: Household Expenses

1. Does any adult household member (age 18 or older) attend school full time? (If yes, provide current enrollment and financial aid information from registrar or admissions officer and enter contact information in the section below.) ☐ Yes ☐ No

2. Does any member of your family have UNREIMBURSED expenses for care of a child age 12 or younger so that an adult family member can work? ☐ Yes ☐ No

3. Does any member of your family have UNREIMBURSED expenses for care of a person with disabilities so that an adult family member can work? ☐ Yes ☐ No

4. **ONLY complete the following if the head of household, spouse or co-head is age 62 or older, or has a disability.** Does any member of your family have UNREIMBURSED medical expenses (i.e. Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription/Non Prescription Medicines (prescribed by a physician))? ☐ Yes ☐ No

Review and update the following expense information relating to questions marked as Yes in the lines above. Additional expenses must be entered in the space provided below.

DOCUMENTATION REQUIRED: Provide documentation from Verification Source listing the monthly payment for each expense and check the Documentation Attached box for each expense.

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Member Name	Allowance Type	Monthly Payment	Current Expense	Documentation Attached
		$	☐ Yes ☐ No	☐ Yes ☐ No

Verification Source Name and Address

Attach Additional Sheets if Necessary

Part 5: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to $10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____ _____

Date

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