



Reno Housing Authority Update Information Form



Directions: **Answer all questions as they stand today.** Do not report anticipated changes, only changes that have actually occurred. Do not write “varies,” “on file,” “already reported,” etc. Failure to provide complete information may result in delays in updating your file and may result in the termination of your housing assistance. All changes must be reported within 30 calendar days of the change. *If available*, please include pay stubs, benefit letters, or other documentation for the change. **Do not** delay reporting the change while waiting for supporting documents.

Head of Household Name: _____
Social Security Number or Client Number: _____ Home Phone: _____

1. Are you requesting a decrease in your portion of rent based on the changes you are reporting today?

No Yes

2. Do you anticipate a new source of income starting within 30 days?

No Yes

3. Have there been any changes in the membership of your household? For example: someone moving out, marriage, divorce, child born, etc. (You must complete an add-a-member form and receive written approval from the Reno Housing Authority prior to anyone moving into the unit.)

No Yes (provide all information)

Date of change: _____

Describe change: _____

4. Is the Head of Household employed (including self-employment)?

No Yes (provide all information)

Employer’s name(s): _____

Employer’s address: _____

Date of Hire: _____ Rate of Pay: \$_____ per _____

Hours per week (give a range if varies): _____

Other [such as tips, meal allowance, bonuses, or overtime] (specify type, amount, and frequency): _____

This employment is considered: Part-time Full-time

5. Has the Head of Household lost any source of income?

No Yes (provide all information)

Date income lost: _____ Type of income lost: _____

Name of person/entity supplying income: _____

Address of person/entity supplying income: _____

This was a: Decrease of income Total loss of income

6. Is any other household member employed? (Minor or Adult)

No Yes (provide all information)

Person employed: _____

Employer's name(s): _____

Employer's address: _____

Date of Hire: _____ Rate of Pay: \$ _____ per _____

Hours per week (give a range if varies): _____

Other [such as tips, meal allowance, bonuses, or overtime] (specify type, amount, and frequency): _____

This employment is considered: Part-time Full-time

7. Has any other household member lost a source of income?

No Yes (provide all information)

Person who lost income: _____

Date income lost: _____ Type of income lost: _____

Name of person/entity supplying income: _____

Address of person/entity supplying income: _____

This was a: Decrease of income Total loss of income

8. Does any household member receive benefits from an outside agency?

No Yes (Check all that apply and complete information for each)

TANF (cash aid) Agency providing assistance: _____

Amount receiving: \$ _____ Start date: _____ End Date: _____

Food Stamps Agency providing assistance: _____

Amount receiving: \$ _____ Start date: _____ End Date: _____

General Assistance Agency providing assistance: _____

Amount receiving: \$ _____ Start date: _____ End Date: _____

Energy Assistance Agency providing assistance: _____

Amount receiving: \$ _____ Start date: _____ End Date: _____

9. Does any member of your household receive child support payments? (If you receive payments from multiple sources, please clearly indicate ALL payments received. You may attach a separate sheet of paper or make a note on the back of this form.)

No Yes (provide all information)

Is this support court ordered? No Yes (If yes, the RHA must have a copy of the order on file.)

Name of child(ren) the payments are for: _____

Name of person/agency from which you receive payments: _____

Address of person/agency: _____

Amount receiving: \$ _____ per _____

Start Date: _____ End Date: _____

10. Is any member of your household (age 18 or over) attending school?
 No Yes (provide all information)
Student Name: _____
Name of School: _____
Address of School: _____
Start Date: _____ Expected Graduation Date: _____
 Part-time Full-time

11. Does any household member receive a pension?
 No Yes (provide all information)
Name of person receiving pension: _____
Name of entity paying pension: _____
Address of entity paying pension: _____
Amount receiving: \$ _____
Start Date: _____ End Date: _____

12. Does any household member receive Social Security benefits (SS, SSD, SSI)?
 No Yes (provide all information)
Name of person receiving benefits: _____
Type of benefit (SS, SSD, SSI): _____ Start date: _____
Amount receiving (before deductions): \$ _____
Name of person receiving benefits: _____
Type of benefit (SS, SSD, SSI): _____ Start date: _____
Amount receiving (before deductions): \$ _____
Name of person receiving benefits: _____
Type of benefit (SS, SSD, SSI): _____ Start date: _____
Amount receiving (before deductions): \$ _____

13. Does any household member receive unemployment benefits?
 No Yes (provide all information)
Name of person receiving unemployment: _____
Name of entity paying unemployment: _____
Address of entity paying unemployment: _____
Amount receiving (before taxes): \$ _____
Start Date: _____ End Date: _____

14. Does anyone outside your household help you pay your bills or pay any of your bills on your behalf?
 No Yes (provide all information)
What is the income/support for? _____
Name of person/entity supplying income: _____
Address of person/entity: _____

Amount receiving: \$ _____ per _____

Start Date: _____ End Date: _____

15. Has any household member had a change in assets (checking account, savings account, IRA, 401k, annuity, stocks, bonds, CDs, whole life insurance, etc.)?

No Yes (Check all that apply and supply requested information)

Opened bank account

Type (checking, savings, etc.): _____ Account # (last 4 digits): _____

Bank: _____ Current Balance: \$ _____ Interest Rate: _____

Closed bank account

Type (checking, savings, etc.): _____ Account # (last 4 digits): _____

Bank: _____

Sold asset for less than value

Description of asset: _____

Sale price: \$ _____ Value: \$ _____

Other (please explain): _____

16. Has anyone in the household received a lump sum payment?

No Yes (provide all information)

Reason for lump sum (taxes, back pay for benefits, etc.): _____

Name of person/entity paying lump sum: _____

Address of person/entity: _____

Amount received: \$ _____ Date received: _____

What you did with the money (put in bank account, bought items, paid off bills, etc.):

17. Does any household member receive income from any other source?

No Yes (provide all information)

Describe income (2nd job, self-employment, family support, etc.): _____

Name of person receiving income: _____

Name of person/entity supplying income: _____

Address of person/entity: _____

Amount receiving: \$ _____ per _____

Start Date: _____ End Date: _____

18. Has any household member had a change in medical expenses?

No Yes (provide all information)

For households eligible for medical deductions (i.e. elderly and/or disabled families), describe changes:

19. Does any household member pay for childcare?

No Yes (MUST check one of the following boxes and complete entire section)

Childcare allows another in the household to work. (Questions 4 or 6 must be "Yes")

Childcare allows another in the household to go to school. (Question 10 must be "Yes")

Childcare allows another in the household to seek employment. (Provide documentation of seeking work)

Name and age of child(ren) receiving care: _____

Name of childcare provider: _____

Address of childcare provider: _____

Amount paid by household: \$ _____ per _____

Does any person/agency outside of the household pay for the childcare:

No Yes (complete following section)

Name of person/agency outside of household paying for childcare: _____

Address of person/agency outside of household paying for childcare: _____

Amount paid by person/agency outside of household: \$ _____ per _____

By typing my full name below, I acknowledge my understanding of the following:

I certify that the information given to the Reno Housing Authority (RHA) on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing to RHA all changes in family composition, income, assets, and expenses of any family member(s) within thirty (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of RHA and my landlord. I understand that any misrepresentation of information or failure to disclose information requested on this declaration may disqualify me from participation and may be grounds for eviction or termination of assistance.

I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud and any act of assistance to such attempt is a crime under Title 18, Section 1001 of the U.S. Code that states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

E-Signature of Head of Household: _____

Date: _____

E-Signature of Spouse or Co-Head: _____

Date: _____

E-Signature of Other Adult: _____

Date: _____

Address of Household: _____

Home Phone: _____

Cell Phone: _____