



HOUSING CHOICE VOUCHER PROGRAM

**PERSONAL DECLARATION - INTERIM**

**HEAD OF HOUSEHOLD:** \_\_\_\_\_ **DATE MAILED:** \_\_\_\_\_ **DATE NOTIFIED OF CHANGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_ **ZIP CODE:** \_\_\_\_\_  
*(If Different)*

**PHONE:** \_\_\_\_\_ **OTHER CONTACT PHONE:** \_\_\_\_\_

**EMAIL REQUIRED (THDA' primary source of communication is email):** \_\_\_\_\_

**WHAT TYPE OF CHANGE ARE YOU REPORTING?**

- Add MEMBER(S) to my household.
- Remove MEMBER(S) from my household
- Increase in Expenses
- Decrease in Expenses
- Student Status
- Increase in Income/Assets
- Decrease in Income/Assets
- Other: \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME:** At your last annual recertification your household reported the following annual income and assets:

Household Member's Name	Source or Type of Income	Annual Gross Amount
PARTICIPANT NAME	TYPE OF INCOME	\$Click here to enter text.
PARTICIPANT NAME	TYPE OF INCOME	\$Click here to enter text.
PARTICIPANT NAME	TYPE OF INCOME	\$Click here to enter text.
PARTICIPANT NAME	TYPE OF INCOME	\$Click here to enter text.
PARTICIPANT NAME	TYPE OF INCOME	\$Click here to enter text.
PARTICIPANT NAME	TYPE OF INCOME	\$Click here to enter text.

**You may mail, fax, email this notice and required verification documents to: Rental Assistance Specialist Name, THDA Field Office, Street Address, City, State, Zip, Phone, Fax, Email. Please be sure to provide full postage.**

**REASONABLE ACCOMMODATION & VIOLENCE AGAINST WOMEN ACT** If you or anyone in your household is a person with disabilities and requires a specific accommodation in order to fully comply with this notice or if you are a victim or threatened victim of domestic violence, dating violence, or stalking, you have certain protections under the Violence Against Women Act (VAWA), please contact 615.815.2165 or [RARrequest@thda.org](mailto:RARrequest@thda.org).



THDA is an equal opportunity, equal access, affirmative action employer.



**Commented [HC1]:** 2.3 I updated the footer (reas. Accommodation language And removed language about returning to drop box.

**Commented [HC2]:** This section was updated 2.3.23 and the footer on this page (page 1)

Student Name(s)	Enrolled or Stopped Date	Name of School, Address, Phone and Fax	Full-time or Part-time	Does the Student receive financial aid, scholarships or grants?	If yes, please explain in detail	1) Amount of Tuition 2) Amount of Aid 3) Private School
	<input type="checkbox"/> Enrolled Date: _____ <input type="checkbox"/> Stopped Date: _____		<input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> yes <input type="checkbox"/> no		1) \$ _____ 2) \$ _____ 3) <input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> Enrolled Date: _____ <input type="checkbox"/> Stopped Date: _____		<input type="checkbox"/> full-time <input type="checkbox"/> part-time	<input type="checkbox"/> yes <input type="checkbox"/> no		1) \$ _____ 2) \$ _____ 3) <input type="checkbox"/> yes <input type="checkbox"/> no

**ADD/REMOVE HOUSEHOLD MEMBER:** Do you need to add or remove a household member?  Yes  No

Relationship to Head of Household includes: New Spouse, Spouse, Significant Other, Birth Child, Court Awarded Custody, Adoption, Foster Child, Live-In Aide, etc.

Name of Member	M or F	Birthdate	U.S. Citizen	Disabled	Add or Remove	Relation to Head	Date of Change	New Address, Phone Number, and Reason for Move Out
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Add <input type="checkbox"/> Remove			
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Add <input type="checkbox"/> Remove			

**CRIMINAL BACKGROUND CHECK:** Has any new member of the household, or current member since the last recertification, been arrested for, charged with, or convicted of any crime other than a minor traffic violation?  Yes  No

**EXPLAIN ANY CHANGES IN INCOME, ASSETS, OR EXPENSES (List income and assets, including checking/savings accounts, of any new household members here):**

Household Member's Name	Increase or Decrease	Source of Income OR Expense	Monthly Amount
			\$ _____
			\$ _____

List the verifications that you are providing to verify the changes you are reporting (see attached sheet for acceptable verifications): \_\_\_\_\_

Will the change cause your total household income to be \$0 or cause your household expenses to exceed your gross monthly income?  Yes  No

If YES, explain how you will pay for your expenses: \_\_\_\_\_

Does or will anyone outside of your household pay for any of your bills or give you money on a regular basis?  Yes  No

If YES, please detail the Name, Address, and Phone # of person contributing and the amount and consistency of money received: \_\_\_\_\_

**HOUSEHOLD EXPENSES:** List ALL expenses for everyone who will live in the home.

ITEM		MONTHLY PAYMENT	PAID BY WHOM (Name)?	CURRENT OR PAST DUE?	BALANCE
Rent/ Mortgage	<input type="checkbox"/> None	\$			\$
Electricity	<input type="checkbox"/> None	\$			\$
Gas Heat	<input type="checkbox"/> None	\$			\$
Water for Home	<input type="checkbox"/> None	\$			\$
Telephone	<input type="checkbox"/> None	\$			\$
Cell Phone	<input type="checkbox"/> None	\$			\$
Food	<input type="checkbox"/> None	\$			\$
Cable	<input type="checkbox"/> None	\$			\$
Internet	<input type="checkbox"/> None	\$			\$
Car Payment (s)	<input type="checkbox"/> None	\$			\$
Gas for Car	<input type="checkbox"/> None	\$			\$
Car Insurance	<input type="checkbox"/> None	\$			\$
Life Insurance	<input type="checkbox"/> None	\$			\$
Furniture	<input type="checkbox"/> None	\$			\$
Loan (s)	<input type="checkbox"/> None	\$			\$
Rentals	<input type="checkbox"/> None	\$			\$
Trash Removal	<input type="checkbox"/> None	\$			\$
Credit Cards	<input type="checkbox"/> None	\$			\$
Other:	<input type="checkbox"/> None	\$			\$

**CERTIFICATION** I do hereby swear and affirm that all of the above information is true and complete and I understand that:

- All adult household members are responsible for providing true and complete information and for reporting changes in a timely manner and that failure to provide such information may result in a termination of the household's participation in the Housing Choice Voucher Program and **may be a felony crime**;
- I must continue to pay the same amount of rent until such time as I receive a HAP Amendment and Change in Rent Form;
- My change will not take effect until I have provided the THDA with this form and all verifications, **which are due within 14 days from the DATE MAILED date above**;
- For a decrease in income change to occur next month, the request, this form, and **all** verifications must be received by the last day of the month.
- Increases in income must be reported within 30 days or I may owe a debt to the THDA for overpayment or my assistance may be terminated;
- I must receive approval before moving a new member into your household (speak to your specialist concerning exceptions);
- I am required to report any person staying in the unit if they stay more than fourteen (14) days annually, whether the days are consecutive or not;

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ANY NEW MEMBER

\_\_\_\_\_  
DATE

**WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY U.S. DEPARTMENT OR AGENCY. TITLE 13, PUBLIC PLANNING AND HOUSING, CHAPTER 23, SECTION 133 OF THE TENNESSEE CODE ANNOTATED STATES THAT IT IS UNLAWFUL FOR ANY PERSON TO KNOWINGLY MAKE, UTTER, OR PUBLISH A FALSE STATEMENT OF SUBSTANCE OR AID OR ABET ANOTHER PERSON IN MAKING, UTTERING, OR PUBLISHING A FALSE STATEMENT OF SUBSTANCE FOR THE PURPOSE OF INFLUENCING THE AGENT TO ALLOW PARTICIPATION IN ANY OF ITS PROGRAMS.**

## ACCEPTABLE VERIFICATION DOCUMENTS

### EMPLOYMENT INCOME, UNEMPLOYMENT, & SOCIAL SECURITY BENEFITS/TERMINATION (SSA, SSI)

- The THDA will utilize Enterprise Income Verification (EIV) for Employment Income and Unemployment Benefits to determine income based on the most recent twelve (12) months' worth of information available in EIV. Therefore, unless there has been a recent change, which a household member wishes the THDA to consider in the determination of the annual income, or the member wishes to dispute the information in EIV, **then you do not need to provide any documentation.**
- If there has been a change in Employment Income, which a household member wishes the THDA to consider in lieu of the actual past income, the member wishes to dispute the information in EIV, or if the EIV System does not contain 12 months' worth of information, then the household must provide one or more of the following:
  - \* Most recent four (4) consecutive paycheck stubs or all paychecks if recently employed
  - \* Payroll printout from employer
  - \* Signed employer letter on their letterhead showing salary, hourly rate, or average number of hours per week
- If there has been a change in Unemployment Benefits, which a household member wishes the THDA to consider in lieu of the actual past income, the member wishes to dispute the information in EIV, or if the EIV System does not contain 12 months' worth of information, then the household must provide the following:
  - \* Printout from the Department of Labor and Workforce Development showing benefit award amount and length of payments. Copies may be printed at <https://ui.tn.gov>.
- If there has been a change in SSA or SSI, which a household member wishes the THDA to consider in lieu of the actual past income, the member wishes to dispute the information in EIV, or if the EIV System does not contain 12 months' worth of information, then the household must provide the following:
  - \* Current benefit award letter or termination letter, dated within the past sixty (60) days.

### TERMINATION OF EMPLOYMENT

- Separation letter from employer on employer's letterhead or printout of the application for Unemployment Benefits.

### SELF EMPLOYMENT OR BUSINESS OWNER

- Prior year tax return documents and documents such as manifests, appointment books, cash books, bank statements and receipts from the prior six (6) months, or lesser period if not in business for 6 months.

### FAMILY SUPPORT (People that give any member of the household money or assist the household with payment of any bills)

- A letter signed by the person making payment that contains their name, address, phone number, and amount of payment per month.

### CHILD SUPPORT/ALIMONY

- If separated or divorced, a copy of the separation or settlement agreement or divorce decree stating support, amounts, and schedules.
- For court ordered support received through the Department of Human Services, a printout from the Tennessee Child Support Summary system for the past twelve (12) month time period.
- For payments received directly, a copy of the latest check or payment stub or a letter signed by the person making the payment that contains the name, address, phone number, and amount of the payment they pay you each month.

### PENSION INCOME & CHECKING/SAVINGS ACCOUNT

- Copy of the most recent statement. A bank statement may be printed from an online banking system, but must clearly identify the name of the bank, the name of the account holder, and the balance of the account.

### DISABLED HEAD OR SPOUSE EXPENSES

- Copy of medical provider printouts that show your unreimbursed medical expenses for the past twelve (12) months. Only include expenses that were not reimbursed by insurance or another source or that will not be reimbursed in the future.

- For prescription costs that are not reimbursed and will not be reimbursed, submit a pharmacy print-out for prescription costs for the past 12 months or legible copies or original receipts from the pharmacy.

**ADD OR REMOVE A HOUSEHOLD MEMBER**

- To add a minor, you must provide: the Birth Certificate, Social Security Card and Citizenship Declaration.
- To add an Adult, you must provide: Written approval from the landlord, Birth Certificate, Social Security Card, Driver's License or State Issued ID. A packet is also enclosed for the adult member to review and complete: Citizenship Declaration, Debt Owed to PHA, Grounds for Denial & Termination, Criminal Background Screening, Authorization for Release of Information, HUD Privacy Act Statement 9886.
- To remove a household member, the head of household must provide proof of the new address of the member being removed. This can include a change of address confirmation form the Post Office, a new lease, driver's license, or utility bill.