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Request for Interim Recertification

(Rev 9.27.17)

(Change of Circumstance for Current Public Housing Residents)

This form is used to report changes. Changes need to be reported within ten (10) days of the action you are reporting. Please attach verification of the change(s) you are reporting. If the household's portion of the rent is to decrease, the request must be submitted by the 20th of the month to be effective the first of the following month. Requests submitted after the 20th will not be effective until the month after (i.e. if the change is reported on June 25th, then the decrease in rent will be effective August 1st).

Head of Household Information

Name: _____	Social Security #: _____
Address: _____	City/Zip _____
Phone Number(s): _____	

My Income Changed: Increase; Decrease; Other Change (Employer Name and Phone # Required):

My Household Composition Changed: Request to add; Household Member moved out; other:

My Allowable Deductions have changed (childcare expenses or medical expenses):

Other Change not listed above-please explain:

Under the penalties of perjury, I declare that I have prepared this statement and, to the best of my knowledge, it is true, correct and complete. I also verify that all supporting verifications submitted with this statement are valid.

Signature of Head of Household

Date



Housing Kitsap (HK) welcomes qualified tenants without regard to race, color, national origin, creed, religion, sex, marital status, familial status, disability or due to ownership of a service animal. HK provides reasonable accommodations to persons with disabilities. If you need this document in an alternate format, please contact HK's Section 504 Coordinator, Leah Noldan, at (360) 535-6174 or 2244 Nw Bucklin Hill Rd, Silverdale, WA 98383.

Authorization for Release of Information

CONSENT:

I authorize and direct any Federal, State or local agency, organization, business or individual to release to Housing Kitsap any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under any housing programs administered by Housing Kitsap. I understand and agree that the authorization, or the information obtained with its use, may be given to and used by the Department of Housing and Urban Development (HUD), U.S. Department of Agriculture Rural Development (USDA RD), Washington State Housing Finance Commission (WSHFC), Kitsap County Department of Community Development (DCD), Washington State Department of Community, Trade and Economic Development (CTED), Federal Home Loan Bank (FHLB), or any other agency involved in the funding, administering or enforcing program rules and policies.

INFORMATION COVERED:

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

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

I 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 WHO MAY BE ASKED:

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

Previous Landlords	Utility Companies
(Including Public Housing Agencies)	Welfare Agencies
Courts and Post Offices	Schools and Colleges
Law Enforcement	Past and Present Employers
Support and Alimony Providers	Veterans Administration
Credit Providers and Credit Bureaus	Medical Providers
State Unemployment Agencies	Child Care Providers
Social Security Administration	Banks and Financial Institutions

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree that Housing Kitsap, or any agency or entity involved in the housing program or project, may conduct computer matching programs to verify the information supplied for my application or recertification. Information obtained may be shared in the course of program administration, subject to the provisions of applicable civil rights laws and credit reporting requirements. If computer matching or exchange of information is a requirement for participation in a housing program, failure to authorize disclosure will result in denial of the application or termination of program eligibility. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disapprove that information.

TERMS:

I agree that a photocopy of this authorization shall be effective as an original and that this authorization shall remain in effect until termination of my application or fulfillment of all obligations arising out of participation in a housing program.

Head of Household (Signature)	(Print Name)	Date
Spouse (Signature)	(Print Name)	Date
Other Adult (Signature)	(Print Name)	Date

