

**HHA's Move To Work Initiative  
Approved to the Section 8 Program,  
starting February 2023.**



**Bi-annual Recertifications**

- Must request interim for income increases
- 1 interim a year for decreases in income 10% or more unless hardship request is granted.

**Updated FMR and Rent Reasonableness**

**Iniciativa Move To Work de HHA  
aprobado para al Programa de la Sección 8,  
a partir de Febrero de 2023**

**Recertificaciones semestrales**

- Debe solicitar interino para aumentos de ingresos
- 1 interino por año para disminuciones en los ingresos del 10 % o más, a menos que se conceda la solicitud por dificultades económicas

**FMR actualizado y razonabilidad del alquiler**





**CURRENT SECTION 8 TENANTS ONLY**  
**(NOT Waiting List Applicants)**  
**INTERIM CHANGE REQUEST FORM**



**Any change to your household and/or finances must be reported**

- **A completed Interim Change Form must be submitted to us within 10 days of any change**
- **A change usually requires the program client to provide additional verification: (see below)**
- **Changes will not be processed with an incomplete form and all required verifications**

This form may be downloaded from the Harrisburg Housing Website at [www.harrisburghousing.org](http://www.harrisburghousing.org) or obtained, in person, at 916 South 14<sup>th</sup> Street, Harrisburg, PA 17104

**HHA WILL SEND A FOLLOW-UP NOTIFICATION/DIRECTIVE WHEN THIS CHANGE IS PROCESSED  
 KEEP IN MIND THAT AN INTERIM CHANGE CAN TAKE UP TO 60 DAYS TO PROCESS**

**My Section 8 Caseworker is:** S. Rivera M. Diven D. Coles A. Santiago E. Feris

**TODAY'S DATE:** \_\_\_\_\_ **DATE INTERIM CHANGE OCCURRED:** \_\_\_\_\_  
 (PLEASE PRINT)

Name of Head of Household: \_\_\_\_\_ SSN#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Unit Address: \_\_\_\_\_

Current Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**WHAT TYPE OF CHANGE (PLEASE CHECK ONE)**

\_\_\_\_\_ INCREASE IN INCOME\*    \_\_\_\_\_ DECREASE IN INCOME\* (CHILD SUPPORT IS INCOME)    \_\_\_\_\_ CHILD SUPPORT CHANGE  
 \_\_\_\_\_ INCREASE IN FAMILY SIZE    \_\_\_\_\_ DECREASE IN FAMILY SIZE    \_\_\_\_\_ CHILD CARE CHANGE    \_\_\_\_\_ OTHER:

**CHANGE IN HOUSEHOLD INCOME**

Please fill out the information below for reporting and income changes for the household.  
 CLIENT RESPONSIBILITY TO PROVIDE VERIFICATIONS/REQUESTED INFORMATION

**INCREASE IN INCOME:** FOR ANY INCOME CHANGE, YOU WILL NEED TO PROVIDE 2-4 PAYSTUBS WITHIN THE NEXT 10 DAYS

- New Job:** Need official hiring statement, including start date, wage & hour information.
- Raise/Increase in hours:** provide details and paystubs
- Other:** Attach a copy of award letter or other verifying documentation.

**DECREASE IN INCOME:** FOR ANY INCOME CHANGE, YOU WILL NEED TO PROVIDE 2-4 PAYSTUBS WITHIN THE NEXT 10 DAYS

- Loss of Employment:** Provide original employer verification of end date of employment.
- Decrease in pay/hours:** Provide details and paystubs
- Other:** Attach written documentation to verify change

**If this change puts you at Zero Income:** You must complete the Zero Income Worksheet for anyone 18 years of age or older who currently has no income from employment, social security, etc. Additional Zero Income worksheets are available upon request.

Name	Desired Action	What is the change? (Ex. New Employment, Unemployment, Welfare, SSI Benefits, other..)	Hours Worked Weekly	Current Pay Rate
	<b>ADD or REMOVE</b>			
	<b>ADD or REMOVE</b>			

\*\*If NEW employment, please answer the following questions: If you have received written verification from your new employer, which is dated, within 60 days of today's date, please submit. **Also, please submit 2 most recent paystubs.**

Employer Name & Address: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_ Start Date: \_\_\_\_\_

\*If receiving Unemployment Compensation (UC), provide pin # used to report claim to PAT system: \_\_\_\_\_

**\*If now receiving Social Security or Social Security Income (SS, SSI, SSD), you must provide a current award letter dated within 60 days of today's date.**

**ADDING or REMOVING PEOPLE FROM YOUR HOUSEHOLD**

Please list the Full Name, Relationship, Sex, Birth Date and SS# of people you are referencing. Adding a person to your household requires written approval from your property owner. HHA staff must see originals of Birth Certificates, Photo IDs and Social Security Cards

Full Name	Relation ship	Sex	Birth Date	S.S.#	Desired Action	Does this person have income?
					<b>ADD or REMOVE</b>	
					<b>ADD or REMOVE</b>	

**Increase in Family Size – Children Under 18**

Provide birth certificate, adoption papers, and/or court awarded custody papers. Must provide social security cards.

**Increase in Family Size – Adding Significant Other or Spouse**

No adult may reside in the unit without written approval from the unit owner and a criminal background check. Provide birth certificate, photo ID, social security card. All income information for additional person must be provided.

By signing this form, I certify under penalty of perjury, that ALL of the information contained in this document and any other documents submitted in support of it are true and correct. I understand and acknowledge that making false statements on this document or any other document to obtain rental assistance benefits is a **FELONY**. Punishment may include incarceration and severe monetary fines.

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 DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

**WARNING: Making false statements on this form or any other document used to obtain rental Assistance benefits may result in removal from the program and CRIMINAL PROSECUTION.**

I do hereby swear and attest that all of the information above about me is true & correct. I also understand that ALL changes in the income of any member of this household, as well as any changes in the household, members must be reported, **IN WRITING**, within 10 calendar days of the change. Anyone in the household, over 18 must sign this form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FORM & ALL VERIFICATIONS MUST BE RETURNED TO:**

Harrisburg Housing Authority / Attn: HCV Program 916 South 14<sup>th</sup> Street, Harrisburg, PA 1710



# HARRISBURG HOUSING AUTHORITY

916 South 14<sup>th</sup> Street, Suite 100

Harrisburg, PA 17104

Ph (717) 234-9664

Date: \_\_\_\_\_

Client ID: \_\_\_\_\_

## **Client Consent Form for Income Verification and Background Record Release**

By signing below I give the Harrisburg Housing Authority, Housing Choice Voucher Program ("HCVP") permission to obtain or gather information pertaining to my household in order to continue assistance under the voucher program.

I understand by giving my permission the HCVP will obtain information or materials necessary to complete or verify previous or current employment, retrieve information from the Internal Revenue Service, Child Support Enforcement Agency, Social Security Administration, County Health and Human Services Department, Veteran's Administration and Bureau of Worker's Compensation or any other agency the HCVP may use to verify income.

I hereby further authorize and request any and all agencies having information and/or records pertaining to the undersigned, to furnish full and complete information to any duly authorized representative of HHA, who presents this authorization. I authorize any Law Enforcement Agency, Probation Office, Parole Office, Common Pleas Court, Municipal Court, Juvenile Court, Doctor, Hospital, Landlord (past and present) and Social Service Clearing-House, with knowledge of my background, to freely furnish their reports, evaluations and/or opinions to HHA for examination and reproduction.

\_\_\_\_\_  
**Signature of Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of adult - 18 years or older**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of adult - 18 years or older**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of adult - 18 years or older**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of adult - 18 years or older**

\_\_\_\_\_  
**Date**





**Resident Name:** \_\_\_\_\_ **Nombre del Residente:** \_\_\_\_\_ Date

**Resident Address:** \_\_\_\_\_  
**Domicilio:** \_\_\_\_\_

**Resident Social Security Number:** \_\_\_\_\_  
**Número de Seguro Social del Residente:** \_\_\_\_\_

**1. FOOD EXPENSES GASTOS DE ALIMENTOS**

Is the family receiving Food Stamps? ¿La familia que recibe cupones de alimentos?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Food Stamp Value Valor mensual de alimentos Stamp	\$
How much <b>weekly</b> do you spend on groceries? ¿Cuánto gastas cada <b>semana</b> en comestibles?			
		\$	
How do you pay for your groceries? ¿Cómo se puede pagar por sus compras?			
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

**2. PAPER PRODUCT EXPENSES GASTOS DE PRODUCTOS DE PAPEL**

What is the <b>weekly</b> value of paper products used by the family? (paper napkins, toilet paper, paper towels, trash bags, other paper goods, disposable diapers, etc.) ¿Cuál es el valor <b>semanal</b> de productos de papel usados por la familia? (servilletas de papel, papel higiénico, toallas de papel, bolsas de basura, otros productos de papel, pañales desechables, etc.)	\$
How does the family pay for their paper products? ¿Cómo la familia paga sus productos de papel?	
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**3. GROOMING PRODUCT EXPENSES GASTOS DE PRODUCTOS PARA EL ASEO**

What is the <b>weekly</b> value of grooming products used by the family? Include toothpaste, hair products, feminine products, shampoo, conditioner, body wash, soap, etc. ¿Cuál es el valor <b>semanal</b> de productos de aseo personal que utiliza la familia? Incluye pasta de dientes, productos para el cabello, productos femeninos, champú, acondicionador, gel de baño, jabón, etc	\$
How does the family pay for their grooming products? ¿Cómo la familia paga sus productos de aseo personal?	
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia	

**4. CLEANING PRODUCT EXPENSES GASTOS DE PRODUCTOS DE LIMPIEZA**

What is the <b>weekly</b> value of cleaning products used by the family? Include dish soap, air fresheners, floor cleaner, floor wax, ammonia, house cleaners, etc. ¿Cuál es el valor <b>semanal</b> de los productos de limpieza utilizados por la familia? Incluye jabón, ambientadores, limpiador de pisos, cera para pisos, amoníaco, limpiadores de casa, etc.	\$
How does the family pay for their cleaning products? ¿Cómo la familia paga sus productos de limpieza?	
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia	

**ZERO INCOME CHECKLIST & CONTRIBUTION WORKSHEET**  
**CERO RENTA Y CONTRIBUCIÓN CHECKLIST HOJA**

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Resident Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Nombre del Residente: \_\_\_\_\_ Domicilio: \_\_\_\_\_

**5. TRANSPORTATION EXPENSES**

**GASTOS DE TRANSPORTE**

Does the family own a car? ¿La familia es dueño de un coche?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much is the car payment? En caso afirmativo, ¿cuánto es el pago de su automóvil?	\$ _____
How does the family pay the car payment? ¿De qué manera la familia pagar la cuota del auto?		_____	
What are the average <b>monthly</b> amounts the family pays for the following: ¿Cuáles son los montos promedios <b>mensuales</b> que la familia paga por lo siguiente:		\$ _____	
Gas \$ _____	Maintenance'/Fluids Mantenimiento 'Fluidos / \$ _____	Insurance Seguro \$ _____	Tires Llantas \$ _____
How does the family pay for these expenses? ¿Cómo lá familia paga estos gastos?		_____	
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

Does the family use the bus or a cab? ¿La familia usar el autobús o un taxi?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much does it cost <b>weekly</b> ? En caso afirmativo, ¿cuánto es el costo <b>semanal</b> ?	\$ _____
How does the family pay for these services? ¿Cómo lá familia paga por estos servicios?		_____	

**6. ENTERTAINMENT EXPENSES**

**GASTOS DE ENTRETENIMIENTO**

Does the family have cable television? ¿La familia tiene cable de televisión?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much does it cost <b>monthly</b> ? En caso afirmativo, ¿cuánto es el costo <b>mensual</b> ?	\$ _____
How does the family pay for the cable service? ¿Cómo la familia paga por el servicio de cable?		_____	
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

What are the average <b>monthly</b> amounts the family pays for the following? ¿Cuáles son los montos promedios <b>mensuales</b> que la familia paga por lo siguiente?			
Lottery Lotería \$ _____	Movie/Game Rentals Película/ alquiler de juegos \$ _____	Alcohol Licor \$ _____	
How does the family pay for these entertainment expenses? ¿Cómo es la familia de pagar estos gastos de representación?		_____	
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

**7. CLOTHING EXPENSES**

**GASTOS DE ROPA**

What is the <b>monthly</b> value of clothing & shoes for the family? ¿Cuál es el valor <b>mensual</b> de ropa y zapatos para la familia?	\$ _____
How does the family pay for their clothing & shoes? ¿Cómo la familia paga su ropa y zapatos?	
_____	

What is the average <b>weekly</b> amount spent by the family for laundry/dry cleaning clothing? (includes soap, fabric softener, dryer sheets, etc.)	\$ _____
¿Cuál es la cantidad promedio <b>semanal</b> dedicado para la familia lavar la ropa / tintorería? (incluye jabón, suavizante de telas, hojas para la secadora, etc)	
_____	
How does the family pay for laundry expenses? ¿Cómo la familia paga los gastos de lavandería?	
_____	
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia	

**ZERO INCOME CHECKLIST & CONTRIBUTION WORKSHEET**  
**CERO RENTA Y CONTRIBUCIÓN CHECKLIST HOJA**

Resident Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Nombre del Residente: \_\_\_\_\_ Domicilio: \_\_\_\_\_

**8. SMOKING EXPENSES**

**GASTOS DE FUMAR**

Does anyone in the tenant household smoke cigarettes or cigars? ¿Alguien en la casa fuma cigarrillos o puros inquilino?	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
If yes, how many packs per day are smoked by the smokers in the household? En caso afirmativo, ¿cuántos paquetes por día se fuman los fumadores en el hogar?		
What is the average <b>weekly</b> cost of cigarettes/cigars for the family? ¿Cuál es el costo promedio semanal de cigarrillos / cigarros para la familia?		\$
How does the family pay for cigarettes/cigars? ¿Cómo la familia paga por sus de cigarrillos / puros?		
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia		

**9. COMMUNICATION EXPENSES**

**GASTOS DE COMUNICACIÓN**

Does the family have a home phone? ¿La familia tiene un teléfono de casa?	<input type="checkbox"/> Yes	If yes, how much does it cost <b>monthly</b> ? En caso afirmativo, ¿cuánto es el costo mensual?	
	<input type="checkbox"/> No		\$
How does the family pay for the home phone service? ¿Cómo la familia paga por el servicio de teléfono de casa?			
Does the family have a cellular phone? ¿La familia tiene un teléfono celular?	<input type="checkbox"/> Yes	If yes, how much does it cost <b>monthly</b> ? En caso afirmativo, ¿cuánto es el costo mensual?	
	<input type="checkbox"/> No		\$
How does the family pay for the cellular phone service? ¿Cómo la familia paga por el servicio de teléfono celular?			
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

Does the family have internet? ¿La familia tiene Internet?	<input type="checkbox"/> Yes	If yes, how much does it cost <b>monthly</b> ? En caso afirmativo, ¿cuánto es el costo mensual?	
	<input type="checkbox"/> No		\$
How does the family pay for the internet service? ¿Cómo la familia paga por el servicio de internet?			
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

**10. UTILITY EXPENSES**

**GASTOS DE UTILIDAD**

Does the family pay for electric service? ¿La familia paga por servicio eléctrico?	<input type="checkbox"/> Yes	If yes, how much does it cost <b>monthly</b> ? En caso afirmativo, ¿cuánto es el costo mensual?	
	<input type="checkbox"/> No		\$
How does the family pay for the electric service? ¿Cómo la familia paga por servicio eléctrico?			
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

**11. MISCELLANEOUS EXPENSES**

**GASTOS DIVERSOS**

Does the family pay for rental/purchase of furniture? ¿La familia paga por alquiler / compra de muebles?	<input type="checkbox"/> Yes	If yes, how much does it cost <b>weekly</b> ? En caso afirmativo, ¿cuánto es el costo semanal?	
	<input type="checkbox"/> No		\$
How does the family pay for the furniture? ¿Cómo la familia paga por los muebles?			
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

**ZERO INCOME CHECKLIST & CONTRIBUTION WORKSHEET**  
**CERO RENTA Y CONTRIBUCIÓN CHECKLIST HOJA**

Resident Name: \_\_\_\_\_  
 Nombre del Residente: \_\_\_\_\_

Address: \_\_\_\_\_  
 Domicilio: \_\_\_\_\_

**11. MISCELLANEOUS EXPENSES (CONTINUED)**

**GASTOS DIVERSOS (CONTINÚA)**

Does the family pay for rental/purchase of electronics? ¿La familia paga el alquiler / compra de la electrónica?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much does it cost <b>weekly</b> ? En caso afirmativo, ¿cuánto es el costo <b>semanal</b> ?	\$ _____
How does the family pay for this merchandise? ¿Cómo la familia paga por esta mercancía?			
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

Does the family pay for rental/purchase of appliances? ¿La familia paga el alquiler / compra de electrodomésticos?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much does it cost <b>weekly</b> ? En caso afirmativo, ¿cuánto es el costo <b>semanal</b> ?	\$ _____
How does the family pay for this merchandise? ¿Cómo la familia paga por esta mercancía?			
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

What are the average <b>monthly</b> amounts the family pays for the following? ¿Cuáles son los montos promedios <b>mensuales</b> que la familia paga por lo siguiente?			
Manicure Manicura \$ _____	Hair Styling Cabello Estilismo \$ _____	Pedicure Pedicura \$ _____	
How does the family pay for these expenses? ¿Cómo la familia paga estos gastos?			
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

Does the family have unreimbursed school expenses? ¿La familia tiene gastos no reembolsados de la escuela?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much does it cost <b>weekly</b> ? En caso afirmativo, ¿cuánto es el costo <b>semanal</b> ?	\$ _____
How does the family pay for these expenses? ¿Cómo la familia paga estos gastos?			
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

Does the family have unreimbursed child care expenses? ¿La familia tiene gastos no reembolsados de cuidado de niños?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much does it cost <b>weekly</b> ? En caso afirmativo, ¿cuánto es el costo <b>semanal</b> ?	\$ _____
How does the family pay for these expenses? ¿Cómo la familia paga estos gastos?			
HUD Regulation considers this income and must be in alignment/reflective of family size HUD Reglamento considera este ingreso y deben estar en alineación / reflexivo de tamaño de la familia			

Under the penalty of perjury, I hereby certify that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentation of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including by not limited to fine or imprisonment, or both under the provisions of Title 18 of the United States Code (USC), Section 1001. A person convicted of violation 18 USC 1001, shall be fined not more than \$10,000, or imprisoned not more than 8 years, or both.

Bajo pena de perjurio, certifico que las declaraciones que he hecho en este documento es verdadera y completa. Entiendo y reconozco que cualquier declaración falsa a sabiendas o intencional de las declaraciones (incluida la presentación de documentación falsificada apoyo para mantener a mis declaraciones) que figuran en este documento puede dar lugar a responsabilidades civiles y / o penales, incluyendo pero no limitado a una multa o encarcelamiento, o tanto en virtud de lo dispuesto en el Título 18 del Código de los Estados Unidos (USC), sección 1001. Una persona condenada por violación 18 USC 1001, será multado no más de \$ 10.000, o encarcelado no más de 8 años, o ambos.

\_\_\_\_\_  
 SIGNATURE OF RESIDENT COMPLETING  
 FORM

\_\_\_\_\_  
 DATE