

EHV DECLARATION OF CHANGE IN HOUSEHOLD COMPOSITION AND INCOME

Use this form to report any changes to your household composition, income, or assets since you submitted your EHV application. If you would like to add someone who is 18 and over, they will be screened for lifetime sex offender registration. If you need additional HPD forms based on your answers below, you can find them on our website: www.nyc.gov/hpd/dtr-forms. Submit this and additional information to us using the contacts at the bottom of the page.

Are you requesting to **add a person** to the household?

No **Yes** (Complete **Parts A, C, and D** with new member.)

Are you requesting to **remove a person** from the household?

No **Yes** (Complete **Parts B and D**.)

Are you reporting **income or assets** for a new household member or changes within the existing household?

No **Yes** (Complete **Parts C and D** with new member or person reporting changes.)

PART A: REQUEST TO ADD A PERSON TO THE HOUSEHOLD

NAME OF NEW MEMBER		RELATIONSHIP TO HEAD OF HOUSEHOLD
1. What is the new member's date of birth?		Submit: birth certificate or government issued ID/documentation with DOB.
2. What is their Social Security Number?		Submit: Social Security card or benefits letter; IRS Form 1099; government issued ID/documentation with number.
3. Is the new member disabled?	No Yes	If they don't get SSI, submit Form 3: Verification of Disability.
4. Is the new member a student?	No Yes	If 18 or older, submit Form 8: Verification of Student Status.
5. Is the new member an eligible immigrant or citizen?	U.S. citizen	Submit: a birth certificate, passport, or naturalization papers.
	Non-U.S. citizen with legal resident status (*sign page 2)	Submit: Permanent Resident Card (I-551); Arrival/Departure Record (I-94); Temporary Resident Card (I-688); Employment Authorization Card (I-688B); or VAWA (I-360, I-330, or I-797)
	They choose not to declare their immigration status	If they do not declare immigration status, the subsidy will be based on the number of eligible citizens and legal residents.
6. Is the new member employed?	No Yes	Complete Part C on this form and submit proof of income (paystubs or wage verification form).
7. Does the new member have other income that is not from employment?	No Yes	Complete Part C on this form and submit proof of income (benefits letter or other documentation).
8. Does the new member have assets?	No Yes	Complete Part C on this form and submit proof of assets (bank statements, etc..).
9. Is the new member under age 18?	No Yes	If no biological parent is in the household, submit legal guardianship documents or a letter from a social service provider stating the minor permanently resides with the head of household.
10. Is the new member aged 18 or over?	No Yes	Submit: HPD Form 1: Authorization for the Release of Information; and Form 11: Debts Owed to Public Housing Agencies and Terminations.
11. Has the new member been convicted of manufacturing or producing methamphetamine on the premises of federally assisted housing?	No Yes	

PART B: REQUEST TO REMOVE A PERSON FROM THE HOUSEHOLD

NAME OF MEMBER TO REMOVE	SOCIAL SECURITY NUMBER

Reason for removal of the above household member:

Death: date _____ (HPD will verify with the Social Security Administration)

I am including a copy of the death certificate.

Household member moved out or will not remain in household when Section 8 subsidy begins.

I am including proof of their new address, such as a lease or utility bill with the new address.

I can't provide proof of their new address, and below is my explanation for why I can't (required):

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PART C: DECLARATION OF INCOME AND ASSETS

Complete the income table below if adding new household members and/or reporting changes for existing members. Submit documentation to HPD for any new income (ex: paystubs) or end of income (ex: termination letter).

Income sources: Check Employment (including self or seasonal) or Other and write the source (Social Security/SSI; public assistance; food stamps; child support; alimony; disability; unemployment; worker's compensation; pension/retirement; Veteran's pay; financial aid or scholarship; real estate/rental income; and financial support from people outside of the household).

HOUSEHOLD MEMBER	New/updated income Start date: End of income End date:	INCOME SOURCE Employment Other: _____	HOURLY RATE: \$ _____ HOURS WORKED PER WEEK: _____ AVERAGE PRE-TAX PAY: \$ _____ PER: Week Month Year
HOUSEHOLD MEMBER	New/updated income Start date: End of income End date:	INCOME SOURCE Employment Other: _____	HOURLY RATE: \$ _____ HOURS WORKED PER WEEK: _____ AVERAGE PRE-TAX PAY: \$ _____ PER: Week Month Year
HOUSEHOLD MEMBER	New/updated income Start date: End of income End date:	INCOME SOURCE Employment Other: _____	HOURLY RATE: \$ _____ HOURS WORKED PER WEEK: _____ AVERAGE PRE-TAX PAY: \$ _____ PER: Week Month Year
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HOUSEHOLD MEMBER	New/updated income Start date: End of income End date:	INCOME SOURCE Employment Other: _____	HOURLY RATE: \$ _____ HOURS WORKED PER WEEK: _____ AVERAGE PRE-TAX PAY: \$ _____ PER: Week Month Year

Complete the asset table below if you are adding new members or existing members have changes. Submit documentation from each account that you are adding or removing.

Types of assets include: savings, checking, and retirement accounts; Certificates of Deposits (CDs); money market/mutual funds; life insurance policies; real estate (owned property); and stocks/bonds.

HOUSEHOLD MEMBER	Adding/updating asset Removing asset	ASSET TYPE AND INSTITUTION	ACCOUNT #	VALUE \$
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PART D: CERTIFICATION

As an applicant for the Emergency Housing Voucher (EHV) program, I certify under penalty of perjury that:

- I understand that any self-declarations of income will be verified utilizing government, benefit or other appropriate records.
- I will immediately provide the required proof of income, assets and expenses upon request of NYCHA or HPD as part of the verification process.
- If I do not cooperate with the verification process as requested, my participation in the program will be affected. This includes repayment of rental assistance received and termination from the EHV program.
- Upon completion of the verification process, my share of the rent may be adjusted for any misreported income, assets and/or expenses. I may also be required to repay any overpayments in rental assistance provided because of misreporting.
- I permit HPD or NYCHA to contact my referring agency caseworker for assistance in completing the verification process.

I certify that all statements in this form are true and complete.

SIGNATURE OF HEAD OF HOUSEHOLD	PRINT OR TYPE NAME	DATE
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If you answered question 5 on page 1 with "Non-US citizen with legal resident status," the new member must sign below: I provide consent for HPD to independently verify the legal immigration status of new household members (per Part A of this form) with the United States Citizenship and Immigration Services (USCIS).

SIGNATURE OF NEW MEMBER (OR GUARDIAN IF UNDER 18)	DATE
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