

Waltham Housing Authority

Main Offices at 110 Pond Street, Waltham, MA. 02451 Main Phone Number 781-894-3357

Recertification Checklist: All the items listed here must be included with your completed Recertification Packet

Be certain that:

- All household members (all ages) submit the necessary paperwork listed below
 - All 18+ household members sign enclosed documents where needed
1. Pay stubs or Weekly Pay information, including from Work as a Subcontractor (Uber, Lyft, Door dash etc).
 2. **1040 Form from previous year from all household members**
 3. **Social Security Benefits Statement Letter:**
Submit the current (printed within 90 days of this notice) Social Security Benefits Letter for all household members receiving Social Security, SSI, SSDI, and SSP.
 4. **Documentation of Other Benefits-** Provide a letter from DOR (for child support payments), DTA (Welfare/TAFDC benefits or SNAP), Pension Letter, Retirement Benefits letter, VA Benefits, Family Support, etc. Submit a current benefit letter showing the monthly gross amount received.
 5. **Assets-Bank Accounts (Checking and Savings), all third-party accounts (Venmo, Cashapp, Apple-pay, and Android pay), 401(k)s, IRAs, Stocks, Bonds, Dividends, etc.**
Submit the **most recent complete 3 statements for all savings, checking, and third-party accounts.**
Submit the 3 most recent statements for all other account types.
 6. **Medical Expenses:**
For elderly/disabled households, submit paid statements, receipts, and/or canceled checks with corresponding bills (not covered by insurance). Paid premiums, prescriptions, and other out-of-pocket medical expenses over the previous 12 months.
 7. **Childcare Expenses:**
Must be incurred to allow adult household members to work or attend school full-time. Submit a letter on the provider's letterhead stating the child's name and weekly expenses.
 8. **Child Support:**
If received, submit a copy of court-ordered documentation or signed self-certification. To obtain proof from DOR, or if child support is needed, please call the Massachusetts Child Support Customer Service Bureau at: 1-800-332-2733 or log in to <https://ecse.cse.state.ma.us/uwps>.
 9. **Unemployment:**
Submit an Unemployment Benefits letter or statement showing the monthly benefits received.
 10. **Full-Time Students:**
For all household members 18 years or older enrolled full-time while working, submit original verification on school letterhead stating the student's name and full-time enrollment status.

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110 Pond Street, Waltham, MA 02451
Tel: 781-894-3357 x233 | Fax: 781-894-7595

Section 8 Recertification Packet (Please complete ALL sections on ALL pages)

Please note that **incomplete forms will not be processed**. If a question does not apply to you, please write N/A. Additionally, ensure that you **sign and date the last page** before submission.

Instructions:

- Print and complete the form in ink.
- Fill out all sections of the form.
- All statements provided in this form will be verified by the Waltham Housing Authority (WHA) to ensure compliance with HCVP regulations.
- Participants must report any changes to the information provided in writing as soon as they occur.

Head of Household Name:		
Address:	City:	Zip:
Phone:	Email address:	

Section I: Household Composition – List all the people who will live with you in your unit.

First Name / Last Name	Relation to Head	Social security #	Disable ?	Sex	Date of Birth	Race/Ethnicity
1.	HEAD		Y/N	M/ F		
2.			Y/N	M/ F		
3.			Y/N	M/ F		
4.			Y/N	M/ F		
5.			Y/N	M/ F		
6.			Y/N	M/ F		

Any household members added require prior approval from both WHA and the landlord. Any name change in your family must be verified by legal documentation.

Full-time student Status- Are any members of your household **over 18** and currently full-time students? Yes No.

*If yes, please verify the school showing proof of full time the student's full-time status.

Is there a change in family composition expected? Yes No.

If yes, describe:

Language spoken:

Do you (Head of Household) or your co-head speak and read English? Yes No

- If not, what language do you (Head of Household) or your co-head speak and read?

Have you or any member of your household been convicted of any offense other than a traffic violation (misdemeanor or felony) since the last Annual Recertification? Yes No

If yes, please explain:

Are you or any member of your household required to register as a sex offender in this or any other state since the last Annual Recertification? Yes No

Have you or any member of your household ever committed fraud in a federally assisted housing program or been required to repay funds due to misrepresentation of information in such a program since the last Annual Recertification? Yes No

If yes, please explain:

NOTE: By signing this document, you and all adult members of your household authorize this Public Housing Authority (PHA) to obtain copies of criminal history records (including arrests and convictions) for all adult family members.

Are any members of your household who are 18 years of age or older, and who are not permanently disabled, currently unemployed or not enrolled as full-time students?

Yes No

If yes, please list those household members:

Last name, First name, MI
1.
2.

Section II: Income

1. Income from Social Security/Retirement/pension/workers compensation/payment instead of Earnings- Do you or any family members receive income from any of the following sources: Unemployment, SSI or SSDI, TAFDC, PFMLA payment from insurance, Retirement plans, annuities, IRA's, other retirement sources or work compensation? Yes No

You can obtain a **Verification Form** from the **Social Security Administration (SSA)** by calling 1-800-772-1213 (TTY: 1-800-325-0778) or visiting www.ssa.gov/onlineservices. To obtain an **Income Verification Form** from the **Department of Transitional Assistance (DTA)**, call the **Assistance Line** at 1-877-382-2363.

If you receive child support payments, you must verify. You can obtain this information through the following methods:

1. Automated Voice Response System (VSR)

Call **1-800-332-2733** (available 24/7) to access your payment history. You may request a list of child support payments, which will be available within **48 hours**.

2. Online Verification

Visit the **Massachusetts Child Support Website** to view and download your payment records. Access the website at: <https://ecse.cse.state.ma.us>

2. Employment Income- Do you have any member of your household who is 18 years of age or older who receives income from Employment? Yes No

If you answered "Yes," please complete the information below and provide the three (3) most recent consecutive pay stubs. Additionally, include income details if you work as a **subcontractor** for services such as **Uber, Uber Eats, Lyft, DoorDash, Instacart, and Shipt**. If you **own a business**, please provide income details for: **Nail salon, hair services, baking, babysitting, or any other self-employed work**.

Household Member	Employer	Employer address	Earnings
1.			\$ /per
2.			\$ /per
3.			\$ /per
4.			\$ /per
5.			\$ /per

Bank account deposits- Do you or any member of your household receive **regular deposits** into your bank account that could be considered income? This includes deposits from: **Employers** such as Uber, Lyft, Instacart, or similar services. **Savings groups** such as Ajo, Asusu, Esusu, Chilemba, Tanda, etc.

Business income, including but not limited to payments from service platforms Yes No

If yes, please provide details: _____

4. Support of Minors (child support/ social security) – Does any member of your family receive payments for the support of a **minor** or a **full-time student under the age of 25** from any of the following sources? **Child support** **Social Security benefits** **Foster care payments** **Assisted adoption payments** **Other public assistance (please specify):** _____ **No, no one in my household receives such payments.**

If **YES**, please provide documentation of these payments.

5. Public Assistance / Welfare- Do you or any of your family members receive income from public assistance programs, such as: **TANF (Temporary Assistance for Needy Families)** **Food Stamps (SNAP)** **No, no one in my household receives public assistance.**

If you answered "Yes" to receiving any type of assistance from the above question, please complete the section below and provide the most recent statement to show proof of payment. For Child Support (DOR), please provide a statement showing the last 12 months of payments.

Family member	Source	Amount	Frequency

Other Income:

6. Self-Employment/ Income from Business- Do you or any family members receive income from self-employment, or a business owned by a family member? **Yes** **No**

If yes, please provide **IRS Form 1040** and all associated **schedules** to the Waltham Housing Authority (WHA) for verification.

7. Gifts and Scholarships- Do you or any family member receive a **regular gift** (at least twice a year for \$2,000 or more, or more than once a month for two or more years), including a school scholarship? **Yes** **No**

If yes, please provide the **name, address, and telephone number** of the gift giver, along with a **notarized letter** confirming the gift.

8. Gambling Income- Have any family members received income from the **lottery** or online **gambling**?
 Yes No

9. Trust, Pension, Retirement, and VA Benefits- Does anyone in your household receive any of the following: **Trust income, Pension, Retirement benefits, VA (Veterans Affairs) benefits**? Yes No

If you answer **YES**, please complete the box below and bring your most recent statement showing income and proof of payment.

Family member	Source	Amount	Frequency

10. Certification of No Income- For each family member **over the age of 18** who is claiming **no income**, you will need to contact the **WHA** housing office and schedule an appointment to complete a **No Income Certificate**. By certifying that you do not receive, nor anticipate receiving, any income from any source, you are signing under the **Pains and Penalties of Perjury**.

Section III-Assets- List all assets including but not limited to **Bank accounts** (Checking & Savings), **Digital payment accounts** (Venmo, Cash App, Chime, Direct Express, Apple Pay), **Certificates of Deposit (CDs)**, **Individual Retirement Accounts (IRAs)**, **Money Market accounts**, **Investments** (401(k), Stocks, Bonds), **Real Estate** and other financial assets, etc. **ALL statements MUST be in PDF format.**

<u>Household Member:</u>	Asset/ Bank Name & Address:	Account Type:
Interest Rate:	Annual Income:	<u>Total Value:</u>
<u>Household Member:</u>	Asset/ Bank Name & Address:	Account Type:
Interest Rate:	Annual Income:	<u>Total Value:</u>
<u>Household Member:</u>	Asset/ Bank Name & Address:	Account Type:
Interest Rate:	Annual Income:	<u>Total Value:</u>
<u>Household Member:</u>	Asset/ Bank Name & Address:	Account Type:

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Interest Rate: _____	Annual Income: _____	<u>Total Value:</u> _____
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Head of Household Name: _____

Address: _____

Important to report All Household Members

Important Rules Regarding Household Occupancy

Only individuals listed on your lease and application are permitted to reside in your unit. Visitors may stay temporarily, but their stay must not exceed **30 days annually**. This policy ensures that your rent is accurately calculated based on your household income.

If there are any changes to your household composition, you must **immediately notify the Waltham Housing Authority**. Failure to report such changes may result in the **termination of your voucher assistance**.

By signing below, you confirm that no unauthorized adults are living in your unit and that you will promptly report any household changes.

Signatures

Head of Household Signature: _____ Date: _____

Spouse Signature (if applicable): _____ Date: _____

Other Adult Household Members:

Signature: _____ Date: _____

Signature: _____ Date: _____

Have you sold assets for less than fair-market value in the past two years? Yes No

Section IV- Medical, Childcare, and Handicapped Care Expense Deductions- The Head of Household or spouse is 62 years or older or disabled, the household may be eligible to deduct unreimbursed out-of-pocket medical expenses. Childcare and handicapped care expenses must be incurred to allow a family member to work or enroll in school full-time to qualify for deductions.

Type	Name/ Source of expense	Address of expense	Yearly amount

Participant/Tenant Statement-

I/We hereby certify that all information provided on this form is true, correct, and complete to the best of my/our knowledge. I/We authorize the Housing Authority to verify all information contained herein.

I/We understand that I/we must promptly notify the Housing Authority of any changes in income or family composition, as such changes may affect my/our rent or family contribution, which will be based on verified family income.

I/We declare under penalty of perjury under the laws of the United States of America and the State of [Your State] that the information provided in this statement is true, correct, and complete.

Furthermore, I/We certify that the information submitted to the Waltham Housing Authority regarding my/our housing status, household composition, income, net family assets, allowances, and deductions is accurate and complete to the best of my/our knowledge and belief.

I/We acknowledge that providing false statements or misrepresenting information is punishable under federal law and may result in denial of housing assistance and/or termination of tenancy.

Head of Household Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

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Signature of other adult member (s): _____ Date: _____

Authorization for Emergency Contact Use

Head of Household Name: _____

Address: _____

I, _____, grant the Waltham Housing Authority permission to use my emergency contact information in the event of an emergency.

Emergency Contact Information

- Name: _____
- Phone Number: _____
- Relationship to Applicant: _____
- Email Address: _____

Signatures

Head of Household Signature: _____ Date: _____

Spouse Signature (if applicable): _____ Date: _____

Other Adult Household Members:

- Signature: _____ Date: _____
- Signature: _____ Date: _____

**Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban
Development and the Housing Agency/Authority (HA)**
U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). **Purpose:** This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

STATEMENT OF FAMILY RESPONSIBILITY

Section 8

Housing Choice Voucher Program

24 CFR 982.551

Please read the entire document before completing the form. Fill in the blanks below. Type or print clearly.

1. Certification. The undersigned Public Housing Agency (PHA) hereby certifies that the family headed by: _____

and which consist of the following members: _____

is eligible to participate in the Section 8 program of this PHA and is approved to occupy a unit located at: _____

Under this program, the PHA makes housing assistance payments on behalf of participating families toward their rents to owners of descents, and safe, and sanitary units rehabilitated under the program.

2. Family Portion of Rent.

A. Tenant Rent- The total amount that the family will be obligated to pay monthly towards rent and utilities based on the family's income is called the tenant rent.

B. Family Payment to Owners- The amount that the family will be obliged to pay monthly to the owner will be the amount of the tenant's rent unless the family is responsible for paying for any utilities. If the family must pay for any utilities directly, the family will pay the owner the tenant rent minus the PHA-determined appropriate allowance for the tenant-purchased utilities and services.

C. Changes in Family Income and Allowances- The amount of the family's required tenant rent may change because of the changes to the program rules and changes in the family income, composition, and other allowable deductions such as medical and childcare expenses.

3. PHA Portion of Rent- The PHA will pay the owner on behalf of the family the difference between the family's payment to the owner and the monthly contract rent in the lease.

4. Obligations of the Family.

A. The Family must follow the rules listed below to continue participating in the **Section 8 Program**.

B. The Family must:

1. Supply any information that the PHA or HUD determines is necessary for the administration of the program, including submissions of required evidence of citizenship or eligible immigration status (as provided by 24 CFR part 5). "Information" includes any requested certification, release, or other documentation.

2. Supply any information requested by the PHA or HUD for use in a regularly scheduled re-examination or interim re-

examination of the family income and composition per HUD requirements.

3. Disclose and verify social security numbers (as required) and must sign and submit consent forms to obtain information under regulations,

4. Any information supplied by the family must be true and complete.

C. Housing Quality Standards (HQS) breach caused by family. The family is responsible for any HQS breach damage caused by the family.

D. Allowing PHA Inspection. The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.

E. Violation of lease. The family may not commit any serious or repeated violation of the lease.

F. Family Notice of move or lease Termination. The family must notify the PHA and the owner before the family moves out of the unit or terminate the lease on notice to the owner.

G. Owner Eviction Notice. The family must promptly give the PHA a copy of any owner eviction Notice.

H. Use and occupancy of the unit.

1. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.

2. The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption, or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit. No other person. [i.e. nobody but members of the assisted family] may reside in the unit (except for a foster child or live-in aide as provided in paragraph(h)(4) of this section.

3. The family must promptly notify the PHA if any family member no longer resides in the unit.

4. If the PHA has approved, a foster child or live-in aide may reside in the unit. The PHA has the discretion to adopt reasonable policies considering residence by a foster child or a live-in aide and defining when PHA consent may be given or denied.

5. Members of the household may engage in legal profitmaking activities in the unit, but only if such activities are incidental to the primary use of the unit for residence by members of the family.

6. The family must not sublease or leave the unit.

7. The family must not assign the lease or transfer the unit.

I. Absence from unit. The family must supply any information or certification requested by the PHA to verify that the family is living in the unit, including any PHA-

requested information or certification for the family's absences. The family must cooperate with the PHA for this purpose. The family must promptly notify the PHA of absence from the unit.

J. Interest in the unit – The family must not own or have any interest in the unit.

K. Fraud and other program violations. The members of the family must not commit fraud, bribery, or any other criminal action in connection with the programs.

L. Crime by household members. The members of the household may not engage in drug-related activity, violent activity, criminal activity, or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of other residents and people residing near the premises(see982.553)

M. Alcohol abuse by household members. The members of the household must not abuse alcohol in a way that threatens the health, safety, or right to peaceful enjoyment of other residents and people residing in the immediate vicinity of the premises.

N. Other housing Assistance-An assisted family or members of the family may not receive section 8 tenant base assistance while receiving another housing subsidy for the same unit or a different unit under any duplicative (as determined by HUD or under HUD requirements) Federal, State, or local housing assistance program.

5. Illegal Discrimination

If a family believes it has been subjected to housing discrimination based on age, race, color, religion, sex, disability, national origin, or familial status during its search for suitable housing, it may file a housing discrimination complaint with any HUD office. Complaints can be filed in person, by mail, or by telephone. The PHA will provide the family with information and guidance on how to file a complaint.

6. Termination of Assistance.

A. If the family voluntarily vacates the unit, there is no guarantee that further housing assistance will be provided.

B. The PHA Ma denies the program assistance for an applicant or termination program assistance for a participant for any of the reasons listed below:

1. *If the family violates any family obligation under section 4.*
2. *If any member of the family has ever been evicted from public housing.*
3. *If a PHA has ever terminated assistance under the certificate or voucher program for any member of the family.*
4. *If any member of the family participates in illegal drug or violent criminal activity.*
5. *If any member of the family commits fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program.*
6. *If the family currently owes money to the PHA or another PHA in connection with Section 8 or public Housing assistance.*
7. *If the family has not reimbursed any PHA for the amount paid to an owner under a contract for rent, damages to the unit, or other amounts owed by the family under the lease in the contract.*
8. *If the family breaches an agreement with the PHA to pay amounts owed to the PHA, or amount paid to an owner by a PHA.*
9. *If the family engages in threatened abusive or violent behavior toward PHA personnel.*

By signing this document, I/We declare that I/WE have read and fully understood all the above information. Also, I/We under penalty of perjury that the information given to the Waltham Housing Authority, PHA, and HUD is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of housing assistance or ineligibility.

<i>Name of PHA:</i> Waltham Housing Authority	Name Of Family (Head of Household)
<i>Address:</i> 110 Pond Street Waltham, MA 02451	Address:
<i>Telephone Number:</i> 781-894-3357	Telephone Number:
<i>By (signature and Title)</i>	Signature of Family Representative:
<i>Date:</i>	Date:

Waltham Housing Authority

110 POND STREET

WALTHAM, MASSACHUSETTS 02451-4505

Interim Reexamination Policy

Effective Date: **12/1/2025**

PURPOSE

The purpose of this policy is to establish consistent procedures for processing interim reexaminations for families participating in Waltham Housing Authority programs. Interim reexaminations are conducted to ensure that a family's rent and subsidy are accurately determined based on their most current household income and composition.

FAMILY REPORTING REQUIREMENTS

All families are required to notify the Waltham Housing Authority (WHA) **in writing** of any changes in total household income. Such notification must include all required supporting documentation. Families must report these changes within ten (10) working days of the change. Failure to report changes promptly may result in retroactive rent increases, recovery of overpayment, or termination of the program. All changes need to be reported, with proper documentation.

INTERIM REEXAMINATION

In general, once a family has reported a change in writing, the Waltham Housing Authority will not process an interim reexamination or redetermine rent until the next annual recertification, except in the following cases.

❖ Interim Reexaminations Will Be Conducted When:

1. Income or Family Composition Change - The total household income changes by more than 10%.
2. Decrease in Income - A decrease in income is expected to last 30 days or longer.
3. Increase in Income for Zero-Income Households - Any household member who previously reported zero income or temporary/sporadic income, must report any new or additional income immediately. Households whose only reported income is SNAP benefits will be considered zero-income households.

EFFECTIVE DATES OF RENT ADJUSTMENTS

A. Rent Increases

Rent increases will generally take effect on the first day of the month following a 30-day notice written to the family. If the family fails to report a change or provide required information within the specified timeframe, the rent increase will be applied retroactively to the date it would have been effective had the information been provided on time. All documents provided after the 25th of the current month will be processed in the following month.

B. Rent Decreases

Rent decreases will take effect on the first day of the month following the date the change was reported, and all required documentation was received. If verification of the change is delayed, the rent decrease will be applied retroactively once the change is confirmed.

ADDITIONAL INCOME AND EMPLOYMENT CHANGES

Any changes related to unemployment, termination, or FMLA leave must be reported as soon as possible with proper documentation. Any additional income received by household members must be reported immediately. Failure to report income changes may result in retroactive rent adjustments, repayment agreements, and/or termination of program participation.

ENFORCEMENT

Failure to comply with this policy, including failure to report required information, may be considered a program violation and may result in: retroactive rent increases, recovery of overpaid subsidies, and/or termination of the Housing Choice Voucher or other assistance.

Tenant Acknowledgment

I, _____ (Head of Household) have received, read, and understand the **Waltham Housing Authority Interim Reexamination Policy**. I agree to comply with all requirements, including timely reporting of any changes in total household income as outlined in this policy.

Tenant Signature: _____

Date: _____