BOISE CITY/ADA COUNTY HOUSING Authorities

1001 S. Orchard Street
Boise, Idaho 83705

DEANNA L. WATSON
EXECUTIVE DIRECTOR

Phone (208) 345-4907
Fax (208) 345-4909
www.bcacha.org

INTERIM CHANGE DOCUMENT LIST

To be used for changes in: Income, Assets, or Expenses

**REMINDER: You are required to report all increases in your household income within 10 days of the occurrence*

If you are reporting a change in your income, assets, or expenses, you are required to complete the Participant Information Form (PIF). Be sure to indicate what the change is that you are reporting at the top of page 1. Do not leave any parts of the form blank and ensure that all household members 18 years of age and older sign the form.

In addition to the PIF, you are required to provide the following supporting documentation **for that change only**. You do not need to provide documentation that does not apply to your reported change.

All of our Verification Forms can be found on our website: BCACHA.ORG

Income Verification

- Changes in Employment:
  - Changes in Current Employment (changes in hours worked, rate of pay, etc): Have the employer complete our Employment Verification Form indicating the change that the household member has experienced.
  - New employment: Have the employer complete our Employment Verification Form.
  - Termination of Employment: Have the employer complete our Termination of Employment Form.
    - *In lieu of having an employer complete our Employment Verification or Termination of Employment Form, you may submit a written statement from the employer on company letterhead. The statement must include the household member's name, employment start date or termination date, as applicable, rate of pay and the number of hours worked per week. The statement must also have the employer's signature and contact information for verification purposes.*
- Child Support Income: If you have an open case in Idaho, you do not need to provide a printout of the income. If you receive child support from any other state, you must provide a printout of the income for the last 12 months.
  - If there is no child support order but the other parent is paying your child support, you must provide a notarized statement indicating the amount and frequency in which you are paid
- Unemployment Benefits: If you are currently receiving unemployment benefits, provide a printout for the last 12 months.
- Social Security, SSI, SSDI, VA or Pension Income: Provide the current award letter. Award letters for fixed income must show the current income being received for the appropriate benefit year. You may need to contact the SSA at 1-855-377-9316 or www.ssa.gov
- Self-Employment: Submit your most recent tax return along with a completed Self-Employment Form that is available on our website or in our office lobby. For any business expenses to be excluded from your gross income, you must provide receipts for expenses.
- Gift Contributions: Provide a notarized statement from the person(s) or organization that gives you monetary

contributions or gifts if the person(s) is not part of your assisted household. You may also have the person complete the Gift Contribution Form, available on our website or in our office lobby. Examples include but are not limited to regular payments of your bills or provision of cash or liquid assets. The statement must include the amount they provide/pay monthly and their contact information.

- For all other sources of income: You must provide current documentation from the source verifying the monthly amount received. Examples include VA pension, pension benefits, annuities, disability income, workers' compensation, alimony, and other similar sources. Documentation for fixed-income sources may be dated within the current benefit year.

**If you are unsure if you should disclose a source of income or if you need to provide verification of an income source and are not sure how, please contact the Housing Authority for further guidance.*

Asset Verification

- Financial Accounts: Provide a current statement for each financial account, including checking accounts, savings accounts, certificates of deposit (CDs), Venmo, Cash App, other online banking services and other applicable accounts. Statements must include: Account holder's full name, financial institution's name, account type, applicable interest rate, current account balance, and all pages containing transactions details (as applicable).

- Stocks and Bonds: Provide a current statement showing the current value of the stock or bond holdings and dividend amount, if applicable
- Life Insurance: Provide documentation showing the cash surrender value of the life insurance policy. Include the policy's cash value table or other documentation that verifies the current cash surrender value.

Full-Time Student Status Verification

- For students 18 or older who are enrolled in high school or an institute of higher education (i.e. college): Provide a letter from the school's registrar office indicating current full-time student status. Do NOT provide an acceptance letter, bill or class schedule. If enrolled in an institute of higher education (i.e. college), also provide a printout of the financial aid award.

Expense Verification

(Expenses are **optional** and may be a benefit to the client, but they are not required)

- Medical Expenses (*OPTIONAL*): If the Head of Household or Co-Head is disabled or over the age of 62, you **may** qualify for a medical expense allowance.
    - If you have outstanding medical bills and have entered into a repayment agreement with the health care provider and you are currently making payments out of pocket, you may provide the provider with a medical Verification Form that is available on our website or in our office lobby.
    - If you pay out-of-pocket (not covered by insurance or another agency) for prescription medications, provide a printout from your pharmacy for your payments for the last 12 months.

- Childcare Expenses (*OPTIONAL*): If you have children 12 years old or younger and you pay for childcare to enable a family member to work, actively seek work, or attend school, you **may** qualify for a childcare expense allowance.
    - Have the childcare provider complete our Claim for Child Care expense form that is available on our website or in our office lobby.
    - Provide copies of 3 current months of receipts of payment that you made to your provider
    - If applicable, provide a copy of your ICCP award letter that is dated within the last 60 days

***NOTE**: This document list does not encompass all possible household circumstances or situations, and the Housing Authority may determine that additional information or verifications are necessary to determine your program eligibility or ongoing subsidy amount at any time.*

It is the policy of BCACHA to see that every individual regardless of race, religion, color, sex, age, national origin, familial status, sexual orientation, gender identity, or disability shall have equal opportunity in accessing affordable housing. If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please submit a request in writing or contact our office at (208) 345-4907.

EQUAL HOUSING OPPORTUNITY

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PARTICIPANT INFORMATION FORM

ARE YOU REPORTING A CHANGE? ☐YES ☐NO

If yes, please list change(s):

_____

HOME PHONE: _____CELL PHONE: _____

EMAIL ADDRESS: _____

PRIMARY LANGUAGE:_____TRANSLATION NEEDED? ☐YES ☐NO

Starting on the first line for the Head of Household, please supply the following information for all adults and children that will live in the housing unit to be assisted. List adults first, then children.

<u>In box 6</u>, enter one of the following codes to identify the household relationship of each adult and child listed:

H = Head of Household | K = Co-Head (Not Married) | Y = Youth Under 18 | L = Live-in Aide
S = Spouse (Married) | F = Foster Child/Adult | E = Full-Time Student Over age 18 | A = Other Adult

1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex	6. Relation	7. Disabled
				☐M ☐F	**H**	☐Yes ☐No
8. Race (Check One Box) ☐White ☐American Indian/Alaska Native ☐Black ☐Asian ☐Native Hawaiian/Other Pacific Islander		9. Ethnicity (Check One Box) ☐Hispanic ☐Not Hispanic		10. Social Security Number		
1. Last Name & Sr, Jr, etc.	2. First Name	3. MI	4. Date of Birth	5. Sex	6. Relation	7. Disabled
				☐M ☐F		☐Yes ☐No
8. Race (Check One Box) ☐White ☐American Indian/Alaska Native ☐Black ☐Asian ☐Native Hawaiian/Other Pacific Islander		9. Ethnicity (Check One Box) ☐Hispanic ☐Not Hispanic		10. Social Security Number		
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				☐M ☐F		☐Yes ☐No
8. Race (Check One Box) ☐White ☐American Indian/Alaska Native ☐Black ☐Asian ☐Native Hawaiian/Other Pacific Islander		9. Ethnicity (Check One Box) ☐Hispanic ☐Not Hispanic		10. Social Security Number		
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				☐M ☐F		☐Yes ☐No
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BARRIER FREE

EQUAL HOUSING OPPORTUNITY

INCOME INFORMATION

Check all sources of income received by everyone living in your household. This includes money from wages, self-employment, child support, Social Security, Workman's Compensation, retirement benefits, AABD, Veterans benefits, rental property income, alimony, gift contributions, and all other sources. **You MUST attach current documentation as proof of each source of income. See enclosed Document List.**

- ☐ Employment wages
- ☐ Child Support
- ☐ Retirement benefits
- ☐ Self- Employment
- ☐ Alimony
- ☐ Pensions
- ☐ Unemployment benefits
- ☐ Social Security
- ☐ Other: _____
- ☐ SSI or SSDI
- ☐ Veterans pension or benefits
- ☐ AABD payments
- ☐ Gift contributions

List all sources and amounts below:

Household Member Name	Name of income source/Employer	Monthly Wages Amount	Monthly Child Support Amount	Social Security Benefit Amount	Unemployment Benefits Amount	All other Income (Gifts, Pensions, etc.) Amount

ZERO INCOME CERTIFICATION

Are you or any other adult claiming zero income? ☐Yes ☐No
If yes, who: _____

ASSET INFORMATION

List each household member and choose yes or no for each asset type, including checking or savings accounts, savings bonds, stocks, real estate, money market accounts, CDs, etc. **You MUST attach current documentation for each asset. See enclosed Document List.**

Household Member Name	Checking Account?	If yes, current balance	Savings Account?	If yes, current balance	Other asset? (CDs, Stocks, Bonds, Annuities, Money Market accounts, retirement accounts, personal property)
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No
	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No





MEDICAL EXPENSE ALLOWANCE

OPTIONAL: If the Head of Household, Spouse, or Co-Head is age 62 or older or disabled, you may be eligible for a medical expense allowance for your out-of-pocket Medical Insurance Premiums; Medical, Dental, or Optical Expenses; or Expenses for Prescription Medicines. **You MUST attach current documentation for each medical expense in order for it to be included.** Do not list health care providers whose services are covered entirely by insurance, or to whom you do not owe any amount.

Please note: Medical expenses must exceed the applicable threshold before they can be used to calculate an adjustment to the tenant rent portion. Only the eligible amount above the threshold will be considered in determining the medical expense allowance.

Household Member Name	Type of Expense	Name of the Provider **You** **Pay** for this Expense	Amount You paid/pay "Out of Pocket"
	☐ Doctor/Dental/Hospital ☐ Medications ☐ Insurance Premium ☐ Other:		
	☐ Doctor/Dental/Hospital ☐ Medications ☐ Insurance Premium ☐ Other:		
	☐ Doctor/Dental/Hospital ☐ Medications ☐ Insurance Premium ☐ Other:		
	☐ Doctor/Dental/Hospital ☐ Medications ☐ Insurance Premium ☐ Other:		

CHILDCARE ALLOWANCE

Do **YOU** pay childcare for a family member under the age of thirteen (13)?	If yes, what child(ren)?	Child Care Provider Name	Amount you pay
☐ **Yes** ☐ **No**			

(You must attach acceptable documentation in order for this expense to be included. See enclosed Document List.)

PARTICIPANT CERTIFICATION

****All household members 18 or older MUST sign****

I certify that all the information provided on this form, including household composition, family income and assets, and allowances is true and complete to the best of my knowledge and belief. I know that I am required to provide supporting documentation in order to verify each source of income, asset, or expense. I understand that if I don't provide adequate documentation, the expenses will not be included and/or my housing assistance may be terminated. I understand that false statements or information is punishable under Federal Law.

_____ _____
Head of Household Signature Date

_____ _____
Spouse / Co-Head / Other Adult Signature Date

_____ _____
Other Adult Member Signature Date

_____ _____
Other Adult Member Signature Date

_____ _____
Other Adult Member Signature Date



