



Debra A. Roy  
Executive Director

# Beverly Housing Authority

137 (Rear) Bridge Street Beverly, MA 01915  
Phone: (978) 922-3100 Fax: (978) 921-2121



Equal Housing Opportunity

HEAD OF HOUSEHOLD: \_\_\_\_\_

(Please print name clearly)

### REQUEST FOR RENT ADJUSTMENT

PLEASE SPECIFICALLY EXPLAIN THE TYPE OF CHANGE TO YOUR HOUSEHOLD INCOME OR COMPOSITION AND ATTACH ALL SUPPORTING DOCUMENTATION INCLUDING BUT NOT LIMITED TO PAYSTUBS, BENEFIT AWARD LETTERS, EMPLOYMENT TERMINATION LETTERS, AND CHANGES TO STUDENT STATUS, IN THE EVENT OF A BIRTH---BIRTH CERTIFICATES, SOCIAL SECURITY CARDS.

FAILURE TO PROVIDE THE INFORMATION REQUESTED INCLUDING AUTHORIZATION TO VERIFY THE SAME WILL CAUSE A DELAY AND POSSIBLE FAILURE TO COMPLETE YOUR ADJUSTMENT.

IF YOU HAVE AN ADULT HOUSEHOLD MEMBER (17+ YEARS OF AGE) WHO ENROLLS IN SCHOOL AS A FULL TIME STUDENT OR IS NO LONGER A FULL TIME STUDENT YOU MUST REPORT THE CHANGE IMMEDIATELY BY FURNISHING BHA WITH LETTER VERIFYING STATUS.

TYPE OF CHANGE:

INCREASE IN GROSS FAMILY INCOME (Explain in Detail): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DECREASE IN GROSS FAMILY INCOME (Explain in Detail): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHANGE IN HOUSEHOLD COMPOSITION (Explain in Detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OTHER (SPECIFY): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I hereby authorize the Beverly Housing Authority to verify the above-mentioned changes.**

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Email Address





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## AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: \_\_\_\_\_ SOC. SEC. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_

I, the above-named individual, have authorized the BEVERLY HOUSING AUTHORITY to verify the accuracy of the information which I have provided to the Housing Authority, from the following sources:

- |                                     |                          |
|-------------------------------------|--------------------------|
| SOCIAL SECURITY                     | VETERAN'S BENIFITS       |
| PENSIONS/ANNUITIES                  | INTEREST INCOME          |
| SALARIES, WAGES                     | BANK/CREDITS UNIONS      |
| DISABILITY BENEFITS                 | SELF EMPLOYMENT INCOME   |
| WORKERS COMPENSATION                | LANDLORD REFERENCE       |
| ASSET INCOME                        | CHILD/ADULT CARE EXPENSE |
| CORI                                | MEDICAL EXPENSE          |
| UNEMPLOYMENT BENEFITS               | SCHOOL VERIFICATION      |
| SUPPORT/ALIMONY PAYMENTS            | CREDIT BUREAU CHECK      |
| TRANSITIONAL ASSISTANCE             | IRS/TAX INQUIRY          |
| DEPT. OF SOCIAL SERVICES            | OTHER: _____             |
| CURRENT/FORMER TENANT SEARCH AT HUD |                          |

I hereby give you my permission to release this information to the BEVERLY HOUSING AUTHORITY subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the BEVERLY HOUSING AUTHORITY within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE ABOVE



TDD: 1-800-545-1833 Ext. 119



## Fair Information Act Statement of Rights

Administering Agencies (AA) collect information about Applicants and Participants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing agencies, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by AA staff in the course of their duties.

The Fair Information Practices Act established requirements governing AAs' use and disclosure of the information it collects. Applicants and Participants may give or withhold their permission when requested by the AA to provide information. However, failure to permit the AA to obtain the required information may result in delay, ineligibility for programs, or termination of housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an Applicant or Participant, you have the following rights in regards to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the AA about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated, and mailed with your application to each AA where you apply for housing.

Signature \_\_\_\_\_ Date \_\_\_\_\_