



Yolo County Housing

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DATE: August 7, 2008
TO: YCH Board of Commissioners
FROM: Lisa A. Baker, Executive Director
SUBJECT: **PUBLIC HEARING REGARDING ADOPTION OF A CHANGE IN ADMINISTRATIVE PLAN POLICY TO REPORTING INTERIM CHANGES IN THE HOUSING CHOICE VOUCHER PROGRAM**

RECOMMENDED ACTIONS

1. Hold public hearing to solicit public comment regarding the proposed revision to the Housing Choice Voucher Administrative Plan
2. After public testimony, comments and any changes, adopt the Administrative Plan revision.

BACKGROUND/DISCUSSION

Yolo County Housing has an adopted Administrative Plan regarding its Housing Choice Voucher Program, in accordance with federal requirements. This revision addresses policies and procedures regarding Interim changes reporting requirements. It also addresses changes to the tenant and Housing Assistance Payments (HAP) portions that result from reports of changes.

Applicants on the Housing Choice Voucher Program Waiting List and participants in the Housing Choice Voucher program must report all changes in income and/or household composition. This revision updates reporting requirements from the current requirement to report "immediately" to a requirement to report changes within fifteen calendar (15) days. The revision reaffirms that reports of decreases in income may result in a decrease in the tenant portion of rent. It indicates that reports of increases in income may not result in an increase in the tenant portion of rent.

This revision is designed to provide administrative improvements to keep the caseloads operating effectively. Currently, staff must conduct an interim reexamination each time a change in income is reported. Many times the reexamination results in no change to the HAP or tenant portion, but requires staff to spend time determining this. The revised policy only requires an interim reexamination when a decrease in income is reported. This should reduce processing time and relieve staff of an undue burden. The revision reaffirms and clarifies that all changes must be reported in writing. Specific systems for the written report are included in the revision language and a new reporting form has been developed as well.

In addition, the revision provides improved customer service both to applicants, participants and YCH staff. The current requirement to report “immediately” places an almost impossible demand on program applicants and participants. It is difficult to quantify what “immediately” actually means. By changing the requirement to a specific time period – fifteen (15) days - the revision creates a matrix that provides fewer penalties for failure to report changes in income. The proposed revision is presented in full below:

“YOLO COUNTY HOUSING ADMINISTRATIVE PLAN Chapter 12, Section D

REPORTING INTERIM CHANGES - 24 CFR 982.516

Applicants on the Housing Choice Voucher Program Waiting List must report all changes in address and/or household composition that occur before they begin receiving rental assistance under the Housing Choice Voucher Program.

Program participants in the Housing Choice Voucher Program must report all changes in assets, income and/or household composition to Yolo County Housing between annual reexaminations.

Program participants with new Housing Choice Vouchers must also report all changes in assets, income and/or household composition to Yolo County Housing that occur during their housing search and/or before their first annual recertification.

Reports must be submitted in writing. Applicants and participants may use the Interim Change Report form or report in the form of a letter, email or FAX. Applicants and participants reporting changes must provide written verification of the changes.

This includes additions due to birth, adoption and court-awarded custody. The family must obtain approval from Yolo County Housing and their landlord/property owner prior to all other additions to the household.

If any new family member is added, family income must include any income of the new family member. The PHA will conduct a reexamination to determine such additional income and will make the appropriate adjustments in the housing assistance payment and family unit size.

Interim Reexamination Policy

Generally, the PHA will not conduct interim reexaminations when families have an increase in income. The following exceptions allow for interim reexaminations.

Addition of a new family member.

Quarterly reviews for zero income households that may require an interim to include new income.

The PHA will conduct an interim reexamination when families report a decrease in income.

Families will be required to report all changes in income/assets and household composition within fifteen (15) calendar days of the change. A Notice of Change form may be used for reporting, or changes may be reported via letters, emails or FAX.

PHA Errors

If the PHA makes a calculation error at admission to the program or at an annual reexamination, an interim reexamination will be conducted, if necessary, to correct the error, but the family will not be charged retroactively. Families will be given decreases, when applicable, retroactive to when the decrease for the change would have been effective if calculated correctly.”

As part of the Administrative Plan revision process, the Agency created a draft revision and circulated it for a 30-day comment period.. A Public Notice was published and the comment period began on July 15, 2008. To date, the YCH has received no public comments.

FISCAL IMPACT

Approval of the Administrative Plan revision is the basis for continued receipt of federal funds from HUD.

REASONS FOR RECOMMENDATION

The YCH Administrative Plan is in the process of a complete review. This revision is one of the new policies that will be reflected in the updated Administrative Plan. Staff recommends the adoption of the revision.

Attachments: NOTICE OF CHANGE form

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NOTICE OF CHANGE

NAME OF HEAD OF HOUSEHOLD _____

SOCIAL SECURITY NUMBER _____ DATE OF CHANGE _____

I am in the following program (check all that apply): Wait List Public Housing Voucher (Section 8) Other rental units

CHANGE BEING REPORTED: (Check all that apply)	REQUIRED VERIFICATIONS (Attach the following)
Wages and/or hours: ↑ <input type="checkbox"/> Increased ↑ <input type="checkbox"/> Decreased	Recent check stub or letter from employer
Working: ↑ <input type="checkbox"/> Started <input type="checkbox"/> Stopped ↑ <input type="checkbox"/> Changed Jobs	Name and Address of Employer <hr/> <hr/>
UNEMPLOYMENT: ↑ <input type="checkbox"/> Started ↑ <input type="checkbox"/> Stopped	Recent printout from EDD or check stub
TANF: ↑ <input type="checkbox"/> Started ↑ <input type="checkbox"/> Stopped ↑ <input type="checkbox"/> Increased ↑ <input type="checkbox"/> Decreased	Recent printout or current Notice of Action
SS/SSI: ↑ <input type="checkbox"/> Started ↑ <input type="checkbox"/> Stopped ↑ <input type="checkbox"/> Increased ↑ <input type="checkbox"/> Decreased	Letter from Social Security Administration
Child/Spousal Support: ↑ <input type="checkbox"/> Started ↑ <input type="checkbox"/> Stopped ↑ <input type="checkbox"/> Increased ↑ <input type="checkbox"/> Decreased	Copy of check./DA printout/letter/court documents
Other Income: ↑ List type and provide verification	
↑ DELETE – Household Member	NAME:
↑ REQUEST TO ADD Household Member	You must contact us for an appointment.
Student Status:	
<u>Adult Family Member</u> ↑ <input type="checkbox"/> Started going to school <input type="checkbox"/> Stopped going to school	Student Name:
↑ Other Change:	

This form must be signed by all adult household members. Both pages must be completely filled out.

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CRIMINAL ACTIVITY:

In the past twelve months, a member of the household has participated in, been detained, cited, arrested or convicted of:

violent criminal activity NO YES

sex offences NO YES

drug-related activity NO YES

If you answered **YES** to any of these questions, you must provide more information.

Name of Person _____ Birthdate _____

Date of offense _____

Location of offense _____

Charges _____

Name of Person _____ Birthdate _____

Date of offense _____

Location of offense _____

Charges _____

Name of Person _____ Birthdate _____

Date of offense _____

Location of offense _____

Charges _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

I/we declare, under penalty of perjury, that the above information is true and complete. I/we authorize the Housing Authority to verify all information on this form. Verification by computer matching may be utilized.

Signature of Head of Household _____ Date _____

Signature of Other Adult Household Member _____

This form must be signed by all adult household members. Both pages must be completely filled out.