



Mod Rehab Program



THE PORCHLIGHT BUILDING

Address 907 NW Ballard Way, Suite 200
Seattle, WA 98107-4637

Telephone 206-239-1500

Fax 206-239-1770

TTY 1-800-833-6388

Website www.seattlehousing.org

Change of Income or Household Conditions

Please check a box:

- I am reporting an increase in household income
- I am reporting a decrease in household income

- I would like to add/remove a household member
- Other (please describe): _____

1. Head of Household Name (Last, First, Middle)	2. Head of Household Social Security Number
3. Address	4. Home Telephone Number

Instructions: Please check all that applies and attach verification where applicable

INCOME CHANGE		Out-of-Pocket EXPENSES	
<input type="checkbox"/> ANNUITIES <input type="checkbox"/> CHILD SUPPORT <input type="checkbox"/> DSHS (TANF OR WELFARE) <input type="checkbox"/> GAU/GAX/GAS <input type="checkbox"/> GIFTS <input type="checkbox"/> L & I	<input type="checkbox"/> PENSION <input type="checkbox"/> SOCIAL SECURITY/SSI <input type="checkbox"/> UNEMPLOYMENT BENEFITS <input type="checkbox"/> V.A. BENEFITS <input type="checkbox"/> Other : _____	<input type="checkbox"/> CHILDCARE Start date: _____ Stop date: _____	
		<input type="checkbox"/> MEDICAL Start date: _____ Stop date: _____	
1) HOUSEHOLD MEMBER NAME	TYPE OF INCOME	START DATE:	
PAYMENT AMOUNT \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	STOP DATE:	
2) HOUSEHOLD MEMBER NAME	TYPE OF INCOME	START DATE:	
PAYMENT AMOUNT \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	STOP DATE:	

Zero Income (not receiving income at all)

Name of household member with zero income: _____

MUST SIGN & ATTACH A ZERO INCOME AFFIDAVIT FORM (SHA-129 PL)

For Employment Only (for new employment, change of employment & loss of employment)

1) New Employment		1) Former Employer (no longer working here)
Employer Phone/Fax		Employer Phone/Fax
Employer Address		Employer Address
City, State Zip		City, State Zip
Hourly Pay Rate \$	<input type="checkbox"/> Weekly How many hours? _____ <input type="checkbox"/> Monthly	MUST ATTACH LETTER FROM FORMER EMPLOYER OR DOCUMENTATION TO VERIFY LAST DAY WORKED
2) New Employment		
Employer Phone/Fax		2) Former Employer (no longer working here)
Employer Address		Employer Address
City, State Zip		City, State Zip
Hourly Pay Rate \$	<input type="checkbox"/> Weekly How many hours? _____ <input type="checkbox"/> Monthly	MUST ATTACH LETTER FROM FORMER EMPLOYER OR DOCUMENTATION TO VERIFY LAST DAY WORKED

For Office Use Only

Verified by: _____

Date: _____

Time: _____

Student Status *Attach verification of enrollment status and financial aid/work-study if applicable*

1) Household member name

Full time student Part time student

Attach the following: 1: Verification of enrollment status, e.g. current credit hours.
2: Copy of financial aid award letter.
3: Verification of tuition cost.

Important: Income and household changes must be reported to your building manager and received by SHA within 10 business days of the change. Income decreases must be received by the 10th of the month in order to adjust your rent for the following month. This form must be accompanied by documentation supporting the change you are reporting.

I, _____ (**print Head of Household's name**) hereby authorize the Seattle Housing Authority to verify the information provided by me on this form.

I understand that if this form is not completely filled out and/or supporting documentation is not attached, the review may be cancelled. I understand that if I report changes late (more than 10 business days after the change) OR not at all I could owe SHA money AND/OR risk losing my housing assistance.

I understand that such verification may include contacting any appropriate employers, governmental agencies or individuals as identified on this form. This authorization is valid for a period of 90 days from the date indicated below.

Sign (Head of Household) _____

Dated _____