



Housing Choice  
Voucher 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

**REPORTING OBLIGATIONS**

Seattle Housing Authority has calculated your bedroom size and rent portions based on the verifications obtained at your admission to Seattle Housing's Housing Choice Voucher (HCV) Program. The bedroom size and rent portions will change as the income and circumstances of your entire household change.

From the date you apply for the HCV program you must begin reporting to Seattle Housing any income or circumstance change for anyone in your household within 10 business days of the change. SHA must receive the change in writing at the PorchLight office no later than 4:30pm on 10<sup>th</sup> business day from the date of the change.

Failure to report a change in writing within the specified timeframe and/or failure to supply additional information requested from you as a result of a change may result in the termination of your participation in the HCV Program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**HOUSING IS A GOOD DEAL,  
BUT NOT A GOOD PLACE TO "DEAL"**

If you or any member of your household use or "Deal" in illegal drugs, think twice about applying for or accepting housing assistance from the Seattle Housing Authority. Illegal drugs have no place in Seattle Housing's Housing Choice Voucher (HCV) Program.

We will do our best to terminate participation of any HCV Participant who uses and/or zDeals" in illegal drugs, or allows others to do so in their home. So, if you are into the drug scene, look elsewhere for your housing!

We are only interested in providing HCV assistance to law-abiding households who legitimately need low-income housing, who will pay their rent on time, and who will respect their neighbors' rights. If this describes you and your family, you will be welcome in the HCV Program.

If you use or 'deal' in drugs, or if you allow someone to use or sell drugs from your place of residence, your participation in the SHA's HCV Program will be terminated.

Signature \_\_\_\_\_

Date \_\_\_\_\_