

Special Review Forms packet



Indicates forms included in the Special Review Forms packet. Agencies or applicants supply the other materials listed.



SHA Checklist



Change of Income or Household Conditions Form



Zero Income Affidavit (if applicable)

- **Verification of all changes being reported**

Timelines

- All changes must be reported, in writing, within 10 business days.
- Rent decreases received by the 10th of the month will take effect the following month.
- Rent increases will take effect with at least 30 days' notice from SHA.

Household Changes

Adult additions must be approved by SHA prior to moving them in.

Additional forms are required for the addition of Household Members:

- *For a minor:* birth certificate, proof of adoption or court-awarded custody
- *For adults:* Photo ID, Social Security card, Criminal Background Check, Verification of Income, Verification of Assets, Request to Add Adult form

If a household member has moved out, verification of new residence is required.

Forms must be signed by all household members 18 years of age or older.

SHA CHECKLIST Project-based Program

Sender's Name (not agency name): _____ Phone or Email _____ Date: _____

Applicant Name: _____ Property Name: _____

Bedroom Size Requested: _____ Address & Unit Number: _____

APPLICATION	PART 2 (Move in)	Annual Review	Special Review	Transfers	Is this a Sound Families Unit? (circle one)	
					YES	NO
					☐	☐
					*	☐
					Required	
					Not Needed	
					* Required ONLY for a change in household composition	
ASSEMBLE MATERIALS IN ORDER FROM TOP TO BOTTOM						
					1. SHA Checklist	
					2. SHA Application	
			*		3. Personal Declaration	
					4. Change of Income or Household Conditions (SHA-385PL)	
			*		5. Copy(s) of Social Security Card	
			*		6. Proof of Identity for all Household Members (photo ID for adults, birth records for minors)	
			*		7. Acknowledgement of Understanding Citizenship Status	
			*		8. Declaration of Citizenship	
			*		9. Eligible Immigration Status Verification Consent Form	
			*		10. Authorization for the Release of Information (HUD 9886)	
			*		11. SHA Project-based Release of Information	
			*		12. Criminal Background Check	
INCOME						
					1. Income Verification (either WSHFC forms or SHA forms will be accepted)	
					2. Self-Employment Verification include a signed copy of last year's tax return (WSHFC Self-Employment Verification can be substituted for this form)	
					3. Zero Income Affidavit (WSHFC or SHA form)	
ASSETS						
					1. Asset Verification (if assets in excess of \$5,000) (WSHFC forms or SHA forms)	
ALLOWANCES & DEDUCTIONS (if applicable)						
					1. Professional Certification of Disability	
					2. Out of Pocket Childcare/Daycare Expenses (include receipts)	
					3. Out of Pocket Medical Deductions (include prescription printout or receipts)	
PART 2: MOVE IN & TRANSFERS						
					1. Initial Inspection Self-Certification	
					2. Copy of the Lease and Tenancy Addendum	
					3. Change of Income or Household Conditions (SHA-385PL) (if applicable)	
					4. Damage Payment and Drug form	
					5. Lead Based Paint disclosure (if applicable)	
					6. Statement of Family Responsibility (signed by Tenant & Owner)	
⇒ TRANSFERS ONLY					Date of Transfer:	Old Unit #:
						New Unit #:

CONTACT NUMBERS FOR THE PROJECT-BASED PROGRAM

Applications, Move-Ins & Transfers:

projectbasedapplications@seattlehousing.org

Courtney Powell (206) 239-1784, cpowell@seattlehousing.org

Elizabeth Morris (206) 239-1782 emorris@seattlehousing.org

Annual Reviews, Special Reviews Move-Outs, Reconciliations, Vacancy Loss:

Lily Hong (206) 239-1648 lhong@seattlehousing.org

Katie Ta (206) 239-1618 kta@seattlehousing.org

Linda Sorensen (206) 239-1630 lsorensen@seattlehousing.org

Seattle Housing Authority, PorchLight
907 NW Ballard Way, Ste 200
Seattle, WA 98107
(206) 239-1770 fax
<http://www.seattlehousing.org>

Andy Eide, Supervisor
(206) 239-1649 aeide@seattlehousing.org
Gerry Nelson, Contracts Coordinator
(206) 239-1531 gnelson@seattlehousing.org



PorchLight – Community Services of Seattle Housing Authority
 907 NW Ballard Way, Suite 200, Seattle WA 98107

Phone 206-239-1728 TTD: 1-800-545-1833, ext. 589 TDD
 Fax 206-239-1770 WEB: www.seattlehousing.org



SHA-PL 385: Change of Income or Household Conditions

Important: Income and household changes must be reported within 10 days of the change. If you report changes late or not at all, you could owe SHA money or risk losing your housing assistance.

Please check a box below:

- I am reporting an increase in household income I am reporting a decrease in household income
 I wish to add household member(s) I wish to report a decrease in household members
 Other (please specify: _____)

1. Head of Household Name (Last, First, Middle)		2. Social Security Number	
3. Address		4. Home Telephone Number Same <input type="checkbox"/> Change <input type="checkbox"/> New <input type="checkbox"/>	

Instructions: Complete ONLY those sections that are necessary to tell us how your household's conditions have changed. Please print clearly and provide a response for all of the numbered items in the section(s) you fill out.

Part 1: Employment

1. Household Member Name		2. Effective Date of Change	
3. Check one box <input type="checkbox"/> Began working <input type="checkbox"/> Changed Employment <input type="checkbox"/> Wage increase <input type="checkbox"/> No longer working <input type="checkbox"/> Other change of employment (describe)			
4. I am self-employed (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what name?			
5. Employer/Company		6. Supervisor/Contact	
8. Employer Address		7. Telephone	
9. Wage rate or salary amount \$		Per (check one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	
10. Number of straight time hours normally worked per pay period:		10. Number of overtime hours normally worked per pay period:	

Part 2: Employment Security (Unemployment) and Labor & Industries *No additional forms or verification needed*

1. Household Member Name		2. Effective Date of Change	
3. Check only one box for this report <input type="checkbox"/> Receiving Unemployment <input type="checkbox"/> No longer receiving Unemployment <input type="checkbox"/> Began Labor & Industries (L&I) payments <input type="checkbox"/> No longer receiving L&I payments			
4. Amount of Payment (including zero dollars if no longer receiving payments) \$			
5. Number of months of eligibility			

Part 3: Department of Social and Health Services (TANF/GAU/Supplemental SSI) *No additional forms needed*

1. Household member name		2. Effective Date of Change	
3. Check only one box : <input type="checkbox"/> This household member is receiving TANF/GAU/SSI <input type="checkbox"/> This household member is no longer receiving TANF/GAU/SSI			
4. Amount of Payment \$			

Part 4: Social Security and Supplemental Security Income (SSI) *Provide a statement from Social Security with amount*

1. Household member name	2. Effective Date of Change	3. Social Security Number
4. Change applies to (check one) <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Income (SSI)		
5. Amount of Payment (put zero dollars if no longer receiving payments) \$		
6. Amount shown is a(n) <input type="checkbox"/> Increase <input type="checkbox"/> Decrease from the amount reported previously.		

Part 5: Income from Annuities and Pensions *Please provide current statement from financial institution or source of income*

1. Household member name	2. Effective Date of Change	3. Account Number
3. Amount of Payment (including zero dollars if no longer receiving payments) \$		
4. Amount shown is a(n) <input type="checkbox"/> Increase <input type="checkbox"/> Decrease from the amount reported previously.		

Part 6: Zero or Other Income *If you are reporting that you have no income, complete form SHA-129 PL, Zero Income Affidavit*

1. Effective Date of Change
2. Description of income change
3. Amount (including zero dollars if claiming zero income) \$ _____ per (check one) <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other (describe above)

Part 7: Child Care *Provide a statement from the provider that includes any subsidy amounts and co-pays if applicable*

1. Effective Date of Change	2. Amount of payment \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month
3. Name of Provider	4. Telephone
5. Provider Address	City, State Zip

Part 8: Household Composition (adding or removing household members) *See instructions below*

New household members may not move in until they are approved by both the landlord and by the Seattle Housing Authority. Failure to follow this rule may result in termination from the program.

- Requesting an addition to the household:
1. Provide a copy of social security card and valid driver's license or state picture ID. For children under 18, provide a copy of a birth certificate.
 2. Include "Request for Addition of Adult to Family and Verification of Suitability" form
 3. Include "Release of Information" form (HUD 9886).

Removing a member from the household: Provide verification of the household member's new address, such as a utility bill showing name and address.

1. Proposed date of change	2. I wish to <input type="checkbox"/> Add <input type="checkbox"/> Remove a member from my household (check one)	
3. Name of member	4. Social Security No.	
5. Date of birth	6. Place of birth	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Race/ Ethnicity	9. Relationship to Head of Household	
1. Proposed date of change	2. I wish to <input type="checkbox"/> Add <input type="checkbox"/> Remove a member from my household (check one)	
3. Name of member	4. Social Security No.	
5. Date of birth	6. Place of birth	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
8. Race/Ethnicity	9. Relationship to Head of Household	

I, _____ (**print name**) hereby authorize the Seattle Housing Authority to verify the information provided by me on this form. I understand that such verification may include contacting any or all 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.

Signed _____ Dated _____



PorchLight – Community Services of Seattle Housing Authority
907 NW Ballard Way, Suite 200, Seattle WA 98107

Phone 206-239-1728 TTD: 1-800-545-1833, ext. 589 TDD
Fax 206-239-1770 WEB: www.seattlehousing.org



Zero Income Affidavit

I, _____ declare under penalty of perjury that I do not
(Family Member with Zero Income)
have any income.

INCOME includes but is not restricted to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts
- Lump sum payment(s) for the delayed start of a periodic payment
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation (L & I) and severance pay
- Public assistance (DSHS/Welfare)
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from friends and/or family

I understand that I must report to Seattle Housing Authority any change which affects my income and/or assets. **I must report the change to Seattle Housing Authority IN WRITING WITHIN TEN BUSINESS DAYS OF THE CHANGE.**

I understand that false statements or false information are grounds for termination of my Section 8 participation. I further understand that false statements or false information are fraud and punishable under Federal Law. My failure to report as required may result in either back charges to the date the income changed or termination of my Section 8 participation. My signature below certifies that I have read, understood, and agree to comply with the above statements.

Family Member With Zero Income

Date

Head of Household

Date

cc: Section 8 Participant (either in person, or through the mail with the SHA-581)