



Project-Based  
Program

## 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
<b>ASSEMBLE MATERIALS IN ORDER FROM TOP TO BOTTOM</b>						
						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. Declaration of Citizenship
			*			8. Eligible Immigration Status Verification Consent Form
			*			9. Authorization for the Release of Information (HUD 9886)
			*			10. SHA Project-based Release of Information
			*			11. Criminal Background Check
<b>INCOME</b>						
						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)
<b>ASSETS</b>						
						1. Asset Verification (if assets in excess of \$5,000) (WSHFC forms or SHA forms)
<b>ALLOWANCES &amp; DEDUCTIONS (if applicable)</b>						
						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)
<b>PART 2: MOVE IN &amp; TRANSFERS</b>						
						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. Reporting Obligations and Drug form
						5. Lead Based Paint disclosure (if applicable)
						6. Statement of Family Responsibility (signed by Tenant & Owner)
<b>⇒ TRANSFERS ONLY</b>					Date of Transfer: _____ Old Unit #: _____ New Unit #: _____	

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Seattle, WA 98107  
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Gerry Nelson, Contracts Coordinator  
(206) 239-1531 [gnelson@seattlehousing.org](mailto:gnelson@seattlehousing.org)

### CONTACT NUMBERS FOR THE PROJECT-BASED PROGRAM

- ▶ Applications, Move-Ins & Transfers:
  - [projectbasedapplications@seattlehousing.org](mailto:projectbasedapplications@seattlehousing.org)
  - Courtney Powell (206) 239-1784, [cpowell@seattlehousing.org](mailto:cpowell@seattlehousing.org)
  - Emma Meinig (206) 239-1782 [emeinig@seattlehousing.org](mailto:emeinig@seattlehousing.org)
- ▶ Annual Reviews, Special Reviews Move-Outs, Reconciliations, Vacancy Loss:
  - Lily Hong (206) 239-1648 [lhong@seattlehousing.org](mailto:lhong@seattlehousing.org)
  - Katie Pierce (206) 239-1618 [vpierce@seattlehousing.org](mailto:vpierce@seattlehousing.org)
  - Linda Sorensen (206) 239-1630 [lsorensen@seattlehousing.org](mailto:lsorensen@seattlehousing.org)



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**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 would like to add/remove a household member  
 I am reporting a decrease in household income       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"/> PENSION	<input type="checkbox"/> CHILDCARE	
<input type="checkbox"/> CHILD SUPPORT	<input type="checkbox"/> SOCIAL SECURITY/SSI	Start date: _____	Stop date: _____
<input type="checkbox"/> DSHS (TANF OR WELFARE)	<input type="checkbox"/> UNEMPLOYMENT BENEFITS	<input type="checkbox"/> MEDICAL	
<input type="checkbox"/> GAU/GAX/GAS	<input type="checkbox"/> V.A. BENEFITS	Start date: _____	Stop date: _____
<input type="checkbox"/> GIFTS	<input type="checkbox"/> Other : _____		
<input type="checkbox"/> L & I			
1) HOUSEHOLD MEMBER NAME	TYPE OF INCOME	START DATE:	
		STOP DATE:	
PAYMENT AMOUNT \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
2) HOUSEHOLD MEMBER NAME	TYPE OF INCOME	START DATE:	
		STOP DATE:	
PAYMENT AMOUNT \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		

**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 \$	<b>MUST ATTACH LETTER FROM FORMER EMPLOYER OR DOCUMENTATION TO VERIFY LAST DAY WORKED</b>
<input type="checkbox"/> Weekly How many hours? _____ <input type="checkbox"/> Monthly	
2) New Employment	2) 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 \$	<b>MUST ATTACH LETTER FROM FORMER EMPLOYER OR DOCUMENTATION TO VERIFY LAST DAY WORKED</b>
<input type="checkbox"/> Weekly How many hours? _____ <input type="checkbox"/> Monthly	

*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 studentAttach the following: 1: Verification of enrollment status, e.g. current credit hours.  
2: Copy of financial aid award letter.  
3: Verification of tuition cost.**Household Composition (adding or removing household members)** *See instructions for appropriate attachments*

THIS SECTION DOES NOT APPLY TO MOD REHAB PARTICIPANTS

**New household members may not move in until they are approved by both the landlord and by the Seattle Housing Authority. Please check the appropriate box(s) and complete each numbered item listed.** **Requesting the addition of an adult to the household:**

1. HUD-9886 Release of Information
2. Request for Addition of Adult and Verification of Suitability form
3. Income and asset verification for the proposed adult
4. Copy of Social Security card and valid picture ID
5. Criminal background check must be provided by the Housing Provider

 **Requesting the addition of a minor to the household:**

1. Birth certificate or hospital announcement or DSHS medical coupon
2. Copy of Social Security card for children age 6 or older
3. Verification of custody/guardianship if the child is not a newborn
4. If applicable, verification of income and assets for the child

 **Removing a member from the household:**

1. Provide verification of the household member's new address, such as a lease or a utility bill showing name and address
2. Provide written verification from your landlord acknowledging the person is no longer in your household

Proposed date of change

 Add  Remove

Name and Relationship to Head of Household

Date of birth

Social Security No.

Gender  Male  Female

Race/ Ethnicity

Place of birth

**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 10<sup>th</sup> 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 \_\_\_\_\_



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907 NW Ballard Way, Suite 200, Seattle WA 98107

Phone 206-239-1728 TTD: 1-800-545-1833, ext. 589 TDD  
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## 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)