# Change of Income or Household Conditions

## Instructions
Complete only the sections that are necessary to tell us how your household income or conditions have changed. Complete all items in the applicable section and attach supporting documentation verifying the change.

## What type of change?
- [ ] I am reporting an increase in household income
- [ ] I am reporting a decrease in household income
- [ ] I would like to remove a household member
- [ ] Other: ____________________________

## Employment
Attach paystubs or a letter from the employer

<table>
<thead>
<tr>
<th>Change in pay or new employment</th>
<th>Employment ended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household member</td>
<td>Household member</td>
</tr>
<tr>
<td>Employer name</td>
<td>Employer name</td>
</tr>
<tr>
<td>Employer phone</td>
<td>Employer phone</td>
</tr>
<tr>
<td>Employer fax</td>
<td>Employer fax</td>
</tr>
<tr>
<td>Employer address</td>
<td>Employer address</td>
</tr>
<tr>
<td>Effective date of the change</td>
<td>Stop date</td>
</tr>
<tr>
<td>Hourly pay rate $_______________</td>
<td>Hours per week</td>
</tr>
</tbody>
</table>

- [ ] Attach confirmation from the employer of your last day worked

## Other income
Check all applicable boxes, write in details, and attach statements

- [ ] Child Support
- [ ] V.A. benefits
- [ ] Social Security or SSI
- [ ] Pension or annuity
- [ ] Gifts or contributions
- [ ] Unemployment benefits
- [ ] Trust or retirement disbursements
- [ ] DSHS (TANF / Aged, Blind, Disabled / Welfare)
- [ ] Other: ____________________________

<table>
<thead>
<tr>
<th>Household member</th>
<th>Household member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe change</td>
<td>Describe change</td>
</tr>
<tr>
<td>Amount $______________ Per [ ] Week [ ] Month</td>
<td>Amount $______________ Per [ ] Week [ ] Month</td>
</tr>
<tr>
<td>Start date _______ Stop date _______</td>
<td>Start date _______ Stop date _______</td>
</tr>
</tbody>
</table>

## No income
Complete this section if an adult in the household does not have any income or receive any contributions

<table>
<thead>
<tr>
<th>Household member with no income/contributions</th>
<th>Start date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe income change</td>
<td></td>
</tr>
</tbody>
</table>

SHA-386 Change of Income or Household Conditions (Rev. 7/14)
**Child care expense** Attach a statement from the provider that includes any subsidies and/or co-pays

Date of change __________________________ Your portion of the payment $ __________________________ Per □ Week □ Month

Provider name __________________________ Provider phone __________________________

Provider Address ________________________________________________________________

**Student status (adults)** Attach verification of enrollment status and financial aid

Household member __________________________ Start date________________________ Stop date________________________

Tuition cost $________________________ Per □ Quarter □ Semester

Financial aid $________________________ Per □ Quarter □ Semester

**Household Composition** See instructions below for appropriate attachments

☐ Complete a Request to Add a Household Member form if you want to add someone to your household.

☐ Removing a member from the household

Household member __________________________ Move out date __________________________

☐ Name change

Old name __________________________ New name __________________________

Attachments: □ Copy of name change court order
☐ Social Security number verification with the new name

**Other change** If no other section applies, use this space to explain your household’s income/circumstances

Household member __________________________ Date of change __________________________

Describe change __________________________

**Important:** Seattle Housing must receive your written notice of your income and/or household conditions change 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. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. If you are reporting a decrease in income, but you do not attach supporting documentation verifying the decrease, we will not adjust your rent. If you report a change late (more than 10 business days after the change) or not at all, you could owe Seattle Housing money and you may risk losing your housing subsidy.

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 such verification may include contacting any appropriate employers, governmental agencies, or individuals identified on this form.

Head of household’s signature __________________________ Date __________________________

Upon request, Seattle Housing Authority will provide reasonable accommodations to people with disabilities so they can participate in our programs.