



Landlord Training

A Guide to Project-based Section 8

What is Project-based Section 8?

- ▶ A component of the Housing Choice Voucher Program that provides subsidy to individuals or families residing in specific housing units contracted with SHA through housing providers and service agencies
- ▶ A building owner (referred to as “landlord” throughout this document) enters into a contract with SHA to provide rental subsidies for specific units
- ▶ The landlord is responsible for gathering required forms and supporting documentation for applicants and tenants
- ▶ The landlord is responsible for all building management, including maintaining a waitlist and screening applicants to fill vacancies
- ▶ SHA determines the initial and ongoing household eligibility and compliance

Project-based Terms

- ▶ **Housing Assistance Payment (HAP):** the portion of the contract rent payable to the landlord by SHA, contract rent minus tenant rent to owner
- ▶ **HAP Contract:** housing assistance payments contract between SHA and the Owner
- ▶ **Landlord:** enforces lease and gathers all documentation, such as eligibility certifications, that will enable SHA to determine the amount of the subsidy and tenant rent as stated in the HAP contract
- ▶ **Participant (Tenant):** The person(s) approved by SHA to reside in a contracted unit with assistance under the program rules
- ▶ **Contract Rent:** total rent due to the landlord, HAP plus tenant rent to owner
- ▶ **Utility Estimate:** pre-determined estimate of utilities for the unit that the participant will have to pay – this is listed on the Exhibit A of the contract
- ▶ **Utility Assistance Payment (UAP):** utility reimbursement payment to tenant

PB Terms continued

- ▶ **Gross Rent:** the contract rent plus the utility allowance
- ▶ **Total Tenant Payment (TTP):** 30% of adjusted monthly income
- ▶ **Tenant Rent to Owner:** the portion of the contract rent payable to the landlord by the participant
- ▶ **Housing Quality Standards (HQS):** the HUD minimum quality standards for dwelling units occupied by the tenant
- ▶ **Anniversary Date:** may not be the same month in which the participant entered into the project-based program
- ▶ **HUD 50058:** document transmitted to HUD containing the household's certification information including composition, income, rent and HAP portions
- ▶ **SHA 581 Lease Amendment:** a written notification that informs the tenant and landlord of contract rent, tenant rent portion and HAP portion
- ▶ **Repayment Agreement:** an agreement between SHA and participant for debt owed to SHA

Eligibility Requirements

- ▶ Household income must be under 30% median income (established annually by HUD)
 - Exception: Sound Family units, household income must be under 50% median income and homeless
- ▶ Must be a U.S. citizen or eligible non-citizen; original documentation must be provided at time of application
- ▶ Must be able to provide original Social Security number verification for all family members at time of application
- ▶ Does not owe money to SHA or another housing authority
- ▶ Have acceptable criminal history according to the SHA Administrative Plan
- ▶ Left in good standing from other SHA assisted programs

Income Limits and Occupancy Standards

HUD Median Income Limits

Number In Household	30% of Median	50% of Median Very Low income
1 person	18,850	31,400
2 persons	21,550	35,850
3 persons	24,250	59,250
4 persons	26,900	44,800
5 persons	29,100	48,450
6 persons	32,570	52,000
7 persons	36,730	55,600
8 persons	40,890	59,150

SHA Occupancy Standards

Bedroom Size	Minimum Number in HH	Maximum Number in HH
0 Bedroom	1	2
1 Bedroom	1	4
2 Bedroom	2	6
3 Bedroom	3	8
4 Bedroom	4	10
5 Bedroom	6	12
6 Bedroom	8	14

Accessing PB Forms

- ▶ Go to www.seattlehousing.org
- ▶ Select “Landlords” tab
- ▶ Click “Project–based Program”
- ▶ Open “Forms and Documents”

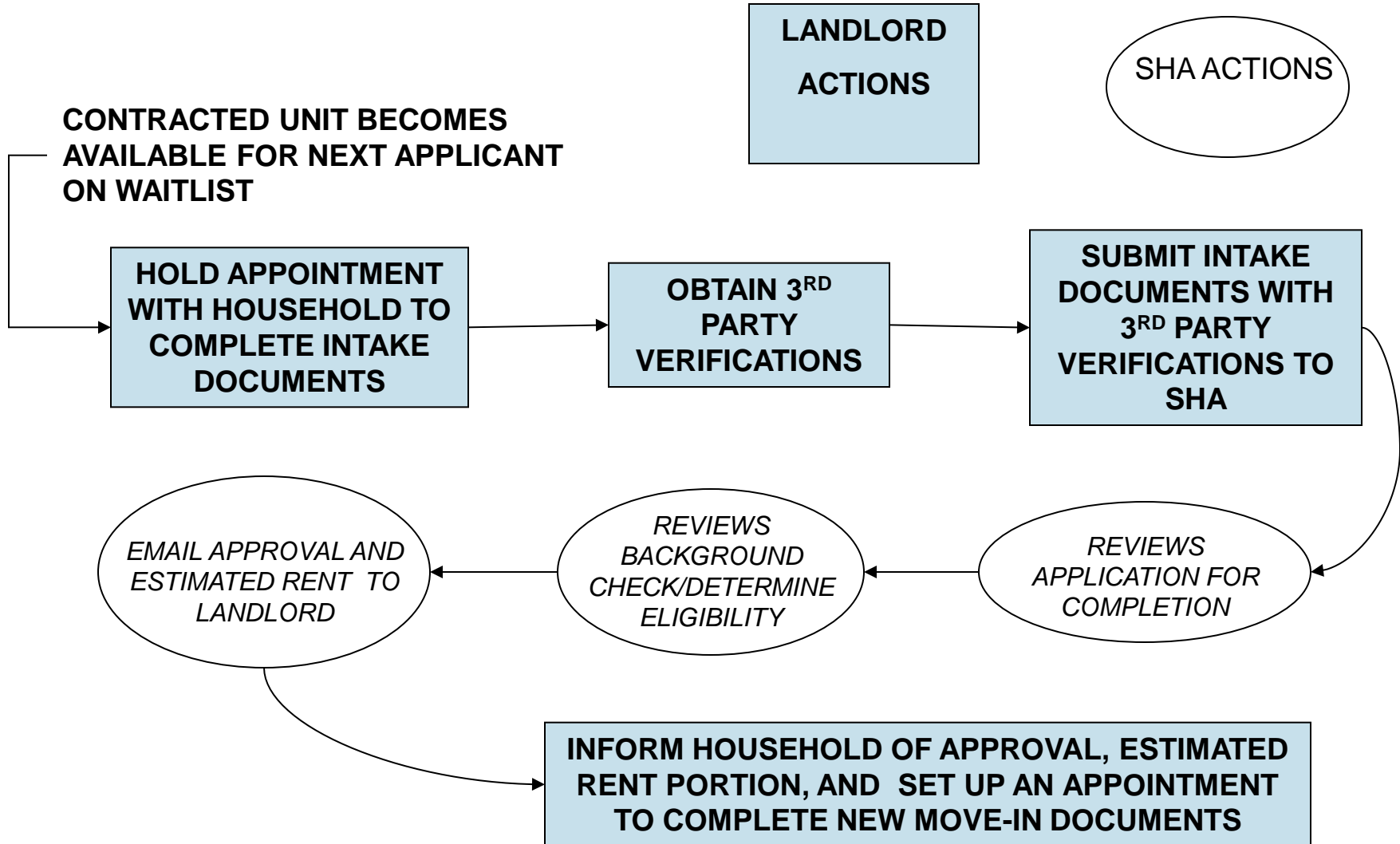
***ALL APPLICATIONS, NEW MOVE INS, and TRANSFERS
must be sent to***

projectbasedapplications@seattlehousing.org

DO NOT EMAIL ANNUAL REVIEWS or MOVE OUTS HERE!

NEW APPLICATIONS STEP 1

Intake/Application Workflow



Intake Timeframes

- ▶ SHA makes every effort to respond to complete APPLICATIONS within 5 business days of receipt
- ▶ If APPLICATION packets are incomplete, SHA will email landlord for missing documents/items. APPLICATIONS may be cancelled if missing documents are not returned by the specified deadline
- ▶ APPLICATION packets and supporting documentation must be current (within 60 days)
- ▶ If an APPLICATION is *denied*, SHA will send a letter to the applicant and copy the landlord with the reason for denial and the applicant may not move in unless an appeal is approved
- ▶ NEW MOVE-IN packets must be submitted within:
 - ▶ 10 days of the new move in effective date and
 - ▶ 60 days of the application approval date or the application will be *cancelled* and the landlord will not receive HAP

Applications Checklist



Project-Based Program

Date _____

Sender's name (*not agency's name*) _____

Phone or e-mail _____

Applicant's name _____ Property name _____

Bedrooms requested _____ Address & unit number _____

Is this a Sound Families unit? (*circle one*) **YES** **NO**

Application Forms packet

*E-mail this checklist, forms and documents to
ProjectBasedApplications@SeattleHousing.org
or fax them to **206-239-1770***

The following forms are included in the Application Packet provided. They should be completed by the applicant with the housing provider's assistance:

Checklist [this form; use as your coversheet]

- ☐ **Project-based Program Personal Declaration for Eligibility and Certification**
- ☐ **Declaration of Citizenship or Immigration Status (1117)**
- ☐ **Eligible Immigration Status Verification Consent (1118) (if applicable)**
- ☐ **General Release of Information (SHA-9886)**
- ☐ **Debts Owed to PHAs and Terminations form (HUD 52675 - all members 18 years or older)**
- ☐ **Professional Certification of Disability (if applicable)**

In addition to the completed forms listed above, the housing provider must provide the following documentation:

- ☐ **Social Security Number Verification copied onto template for certifying that SS card(s) and immigration document(s) are copies of originals**
- ☐ **Proof of Identity: photo ID for adults, birth certificate for minors**
- ☐ **Criminal Background Check (all members 18 years or older)**
- ☐ **Verification of the following, as applicable:**
 - **Income**
 - **Assets if \$50,000 or more**
 - **Out-of-Pocket Paid Childcare Expenses**
 - **Medical Expense Declaration form**
 - **Student status incl. tuition & financial aid**

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

Timelines

Seattle Housing will do our best to determine eligibility within five (5) business days for *complete* applications. If an incomplete application is submitted, Seattle Housing may return it to the building with instructions for resubmission. An approved application will be cancelled after 60 days if lease-up documents have not been received.



Housing Choice Voucher

Personal Declaration for Eligibility and Certification

Head of Household's Social Security number

3 2 1 - 1 1 5 6 7 8

CONTACT INFO

(Head of household)

Street address, P.O. Box, or shelter name
1313 Mockingbird Lane

City Seattle

State WA

ZIP Code 98107

Homeless at application?
☒ Yes ☐ No

Primary phone number
(206) 789-9111

Other phone number

E-mail address

What language do you speak at home?

ENGLISH

Interpreter needed?

☐ Yes ☒ No

► HOUSEHOLD COMPOSITION AND INCOME

List every person living with you. Live-in-Aides do not need to list income. (If you need additional space, please attach a separate paper.)

Last, First, Middle initial	Relation To Head	Social Security number	Sex (M / F)	Date of birth	Race (Black, White, Asian, Native American, etc.)	Hispanic?		Income: list all money received by each person in the household per month. If no income, write '0'.
						Yes	No	
Suzie Q. Smith	HEAD	(Entered above)	F	1/1/70	Black		X	Type: JOB \$ 1,000 Type: \$
Diana Jackson-Smith	daughter	323-12-5555	F	1/1/91	Black		X	Type: 0 \$ Type: \$
Michael Jackson-Smith	son	323-11-5555	M	1/1/03	Black		X	Type: SS1 \$ 236 Type: \$
								Type: \$ Type: \$
								Type: \$ Type: \$
								Type: \$ Type: \$
								Type: \$ Type: \$

► OTHER HOUSEHOLD INFORMATION

(If you need additional space, please attach a separate paper.)

☒ Yes ☐ No Is anyone in your household disabled? If yes, please list their names: Michael Jackson-Smith

☐ Yes ☒ No Has anyone in your household served in the armed forces or is the spouse of someone who has served? If yes, please list their names:

☐ Yes ☒ No Does anyone outside your household pay for any of your bills or contribute to your household expenses on a regular basis? If yes, explain here and attach a statement from the person stating how often and the amount:

☐ Yes ☒ No Have you or has any member of your household ever been convicted of a crime (misdemeanors, felonies, etc.)? If yes, please explain:

Is there any other information you would like us to know about your household?

► ACCOMMODATIONS

If you answer yes, additional forms will be provided to you, including a verification form for your medical professional to complete and sign.

☐ Yes ☒ No Is there anything that prevents your household from applying for housing, occupying your unit, and/or participating fully with the program?

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

Rev. 09/10

Page 1 of 2

7/14/2015

Personal Declaration, page 2

Print head of household name Suzie Q. Smith

▶ CURRENT EMPLOYMENT INFORMATION (If you need additional space, please attach a separate paper.)

☒ Yes, someone in my household is employed. Complete the below information. ☐ No, no one in my household is employed.

Name of household member	Name of employer	Employment start date	Employer's address	Employer's phone number	Employer's fax number
Suzie Q.	Starbucks	12/20/10	4th Ave S.	(206) 582-1000	(206) 582-1001

▶ ASSETS List all assets held or owned by every person who will be part of this household. (If you need additional space, please attach a separate paper.)

☒ Yes, someone in my household has assets. ☐ No, no one in my household has assets.

Name of household member	Type of asset (checking, savings, IRA, house, etc.)	Current value	Interest rate	Name of bank or financial institution	Account number
Suzie Q.	checking	\$ 300	0 %	Chase	
		\$	%		

☐ Yes ☒ No Have you cashed in an asset (such as a CD, for example) in the past 60 days? If yes, how much did you receive? \$

☐ Yes ☒ No Have you sold an asset/property in the last two years? If yes, provide an explanation on a separate piece of paper.

▶ STUDENT INFORMATION List information only for household members who are 18 years old or older. (If you need additional space, please attach a separate paper.)

☒ Yes, an adult in my household is a student. Complete the below information. ☐ No, no adult in my household is a student.

Name of household member	Name of school	Full time or part time?	List all financial aid received (grants, scholarships, etc.)
Diane Jackson-Smith	N. Seattle Community College	Full-time	Pell grant, loans

▶ DEDUCTIONS List expenses that you pay out of pocket and anticipate to continue for the next 12 months. (If you need additional space, please attach a separate paper.)

☒ Yes, someone in my household has these expenses. Complete the below information. ☐ No, no one in my household has these expenses.

Child care expense	Name of provider	Provider's address	Provider's phone number	Amount of monthly expense
				\$

☒ Yes ☐ No Medical Expense: If yes, and your household is eligible to have medical expenses deducted from your income, complete a Medical Expenses Declaration form.

☐ Yes ☒ No Disability Assistance Expense: Attendant care and auxiliary apparatus expenses for a disabled household member may be deductible if the expense is paid by the household to enable a household member to be employed. If yes, please explain:

▶ CERTIFICATION I understand all changes to my household composition, income, or other circumstances that occur after I complete this form must be reported in writing to Seattle Housing within ten (10) business days of the change. I understand my eligibility for housing depends on my household's full completion of this form as verified by Seattle Housing. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program.

Suzie Q. Smith

Head of household signature

5/26/11

Date

Spouse or Co-head signature

Date

Diane G. Smith

Signature of other household member (age 18+)

5/26/11

Date

Signature of other household member (age 18+)

Date

For Seattle Housing Use Only

☐ Approved

☐ Denied

☐ Cancelled

Issuance supervisor or designee

Date

Medical Expenses Deduction Worksheet

Head of Household: Suzie Q Last 4 SSN: 5678

How to submit expenses at Annual Review: List all your household's medical expenses paid in the past 12 months that were not paid by someone outside of your household on the chart below. Attach more paper if needed. Seattle Housing will review the chart to determine which expenses qualify for a medical deduction. You will not receive a deduction for expenses listed that are not considered qualifying medical expenses by Seattle Housing. If the chart is not completed then your expenses will not be deducted. Please do not submit documentation at this time. However, keep your documentation for at least one year in case of file review. If expenses are reported inaccurately or are unverifiable you may be responsible for any subsidy overpaid on your behalf.

***List expenses paid in the past 12 months only.** If you have questions, please contact your Certification Specialist.

HOUSEHOLD MEMBER	EXPENSE TYPE	PAYMENT(S) MADE TO	AMOUNT YOU PAID (circle how often)	DOCTOR / PRESCRIBER	SEA USE ONLY: USED?
Example:	Prescribed items (co-pays, etc.)	Pharmacy	\$ 45.00 Annually / <u>Monthly</u>	Dr. John Smith at Smith Clinic	Y / N
Michael	Prescribed items (co-pays, etc.)	Walgreen's	\$ 10 Annually / <u>Monthly</u>	Dr. King	Y / N
Michael	Office visits (co-pays, deductibles, etc.)	The Country Doctor	\$ 15 Annually / <u>Monthly</u>	Dr. Bob	Y / N
	Inpatient (deductibles, payment plans, etc.)		\$ Annually / Monthly		Y / N
	Miscellaneous (health insurance premiums, etc.)		\$ Annually / Monthly		Y / N
Michael	Other: Pool therapy	YMCA Gym	\$ 100 <u>Annually</u> / Monthly	Dr. Bob	Y / N
	Other:		\$ Annually / Monthly		Y / N
	Other:		\$ Annually / Monthly		Y / N
	Other:		\$ Annually / Monthly		Y / N

I declare the expenses I have listed are accurate. I understand that Seattle Housing may request documentation such as third party verification or pharmacy history to confirm the amounts declared. I understand that if the expenses are inaccurate or unverifiable I will be responsible for any subsidy overpaid on my behalf.

Suzie Q. Smith

Print Head of Household Name

Suzie Q. Smith

Head of Household Signature

5/26/11

Date



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

DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Seattle Housing Authority (SHA) and the Department of Housing & Urban Development (HUD) to ensure that financial assistance is made available only to persons who are U.S. Citizens or Non-citizens who have an eligible immigration status as set forth in 42 U.S.C. Section 1436(a). Please note that not all "legal" statuses are eligible for subsidy.

All adults (18 years and older) in the household must claim their status and sign below. The head of household and/or a responsible adult is required to certify the status of each minor child in the household. All Non-citizens with a subsidy-eligible status are required to sign a Verification Consent Form and present their original I-551 Permanent Resident card or I-94 Arrival/Departure record from the Department of Homeland Security in person.

Adult members (18 yrs. and older)

1. Under penalty of perjury, I declare that I am: SUZIE Q. Smith

Head of Household (print clearly)

☐ A Citizen of the United States

☒ A Non-Citizen with subsidy-eligible immigration status (check that you have one of the following to verify your status)

☒ I-551 Permanent Resident Card

☐ I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)

☐ I-94 Arrival/Departure Record and DHS letter or court order granting asylum or withholding of deportation

☐ Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature Suzie Q. Smith Social Security # 321-11-5678 Date 5/26/2011

2. Under penalty of perjury, I declare that I am:

Spouse, Co-head, or Other Adult (print clearly)

☐ A Citizen of the United States

☐ A Non-Citizen with subsidy-eligible immigration status (check that you have one of the following to verify your status)

☐ I-551 Permanent Resident Card

☐ I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)

☐ I-94 Arrival/Departure Record and DHS letter or court order granting asylum or withholding of deportation

☐ Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ Social Security # _____ Date _____

3. Under penalty of perjury, I declare that I am:

Other Adult (print clearly)

☐ A Citizen of the United States

☐ A Non-Citizen with subsidy-eligible immigration status (check that you have one of the following to verify your status)

☐ I-551 Permanent Resident Card

☐ I-94 Arrival/Departure Record annotated with Section 207, 208, 243(h), or 212(d)(5)

☐ I-94 Arrival/Departure Record and DHS letter or court order granting asylum or withholding of deportation

☐ Not able to certify that I am a U.S. Citizen or a Non-Citizen with a subsidy-eligible immigration status

Signature _____ Social Security # _____ Date _____

SHA: All adults DHS status confirmed: ☐ Yes (See attached DHS print out) ☐ No Date _____ By _____

Ensure all pages are completed, signed and dated!

U.S. CITIZENS DO NOT REQUIRE FURTHER DOCUMENTATION

For Eligible Non-Citizens, please complete "ELIGIBLE IMMIGRATION STATUS Verification Consent Form"

DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS, page 2

Minor Children (under 18 years old)

I certify that the following minor children (under 18 years old) listed in my household are:
Please check appropriate box(s) and list the name and birth date.

☒ A Citizen of the United States

Name	Social Security #
Michael Jackson-Smith	323-11-5555

☒ A Non-citizen with Eligible Immigration Status

Name	Social Security #	Permanent Residence Card	Annotated I-94	I-94 with DHS Letter or Court Order
Diana Jackson-Smith	323-12-5555	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

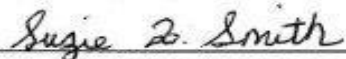
SHA: All minors DHS status confirmed: ☐ Yes (See attached DHS print out) ☐ No Date: By:

☐ I am not able to certify U.S. Citizenship or Non-Citizenship with Eligible Immigration Status

Name	Birth Date

I declare, under penalty of perjury, that the above is true and correct to the best of my knowledge.

(At least one adult signature is required.)


 Head of Household Signature

5/26/11
 Date

 Spouse/Co-Head/Other Adult Signature

 Date

If there are minors in the household, please complete DECLARATION OF CITIZENSHIP OR IMMIGRATION STATUS, page 2

For Eligible Non-Citizens, please complete "ELIGIBLE IMMIGRATION STATUS Verification Consent Form"

“ELIGIBLE IMMIGRATION STATUS Verification Consent Form”

- All eligible non-citizen adults must sign
- All eligible non-citizen minors in the household must be listed with Parent / Guardian signature

AND

- Provide copies of front/back of original unexpired INS documents for non-citizens
- Original documents must be copied onto SSN/INS form & sign/dated by Landlord



THE PORCHLIGHT BUILDING
Address 907 NW Ballard Way, Suite 200
Seattle, WA 98107-4637
Telephone 206-239-1500
Fax 206-239-1770
TTY 1-800-835-6388
Website www.seattlehousing.org

ELIGIBLE IMMIGRATION STATUS
Verification Consent Form

Section 214 of the Housing and Community Development Act of 1980, as amended, requires the Seattle Housing Authority (SHA) and the Department of Housing & Urban Development (HUD) to ensure the financial assistance is made available only to persons who are U.S. Citizens, U.S. Nationals or Non-citizens who have been lawfully admitted to the United States and considered to have "eligible immigration status." The law requires all tenants for assisted housing who claim to have "eligible immigration status" to sign a consent form authorizing SHA and HUD to verify the information supplied with the U.S. Department of Homeland Security (DHS).

Purpose: This information is required to determine your eligibility for continued housing assistance (Federal subsidy).
Use of the Information to be Obtained: The evidence you supply to document your eligibility for housing assistance may be released by the Housing Authority, without responsibility for the further use or transmission of the evidence by the entity receiving it, (1) HUD, as required by HUD, and (2) the DHS for the purpose of establishing eligibility for financial assistance and not for any other purpose. However, neither SHA nor HUD are responsible for the further use or transmission of the evidence or other information by the DHS.
Who Must Sign This Consent Form? Each non-citizen in the household who will be receiving housing assistance and claims "eligible immigration status" must sign below. Adults, age 18 years or older, must sign for themselves. In the case of minor children (under 18 years old), the form must be signed by the head of household and/or adult member who is responsible for each minor child.
Failure to Sign the Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing (subsidy) benefits, or both. Denial of eligibility or termination of benefits (subsidy) is subject to the Housing Authority's grievance procedures or Section 8's informal hearing process, whichever is applicable.

Consent: I authorize the Housing Authority of the City of Seattle, or HUD to request and obtain verification from the DHS of the information I have supplied regarding my immigration status. I understand that this information is true and accurate to the best of my knowledge.

<u>Suzie B. Smith</u> Head of Household	<u>5/26/11</u> Date	_____ Spouse/Co-Tenant	_____ Date
_____ Other Adult (over age 18)	_____ Date	_____ Other Adult (over age 18)	_____ Date

Consent for Minor Children: I certify that I am the head of household and/or the adult family member responsible for the minor children listed below. I authorize Seattle Housing Authority to request and obtain verification from the DHS of the information supplied regarding their immigration status. I understand this information is needed to determine eligibility for housing assistance (Federal subsidy); and I certify that the information I have supplied is true and correct to the best of my knowledge. List minor children:

<u>Diana Jackson-Smith</u>	_____ Signature
<u>Suzie B. Smith</u>	<u>5/26/11</u> Date
_____ Parent or Guardian	_____ Date

- Landlord must verify that SSN verification, and/or Immigration documents are copies of originals
- Landlord must copy documents onto this form and complete and sign below

COPY OF ORIGINAL ID, SSN, AND/OR IMMIGRATION DOCUMENTATION

Head of household name _____

I certify that the item(s) pictured above is a copy of the original document(s) that I saw in person.

Staff name _____

Title _____

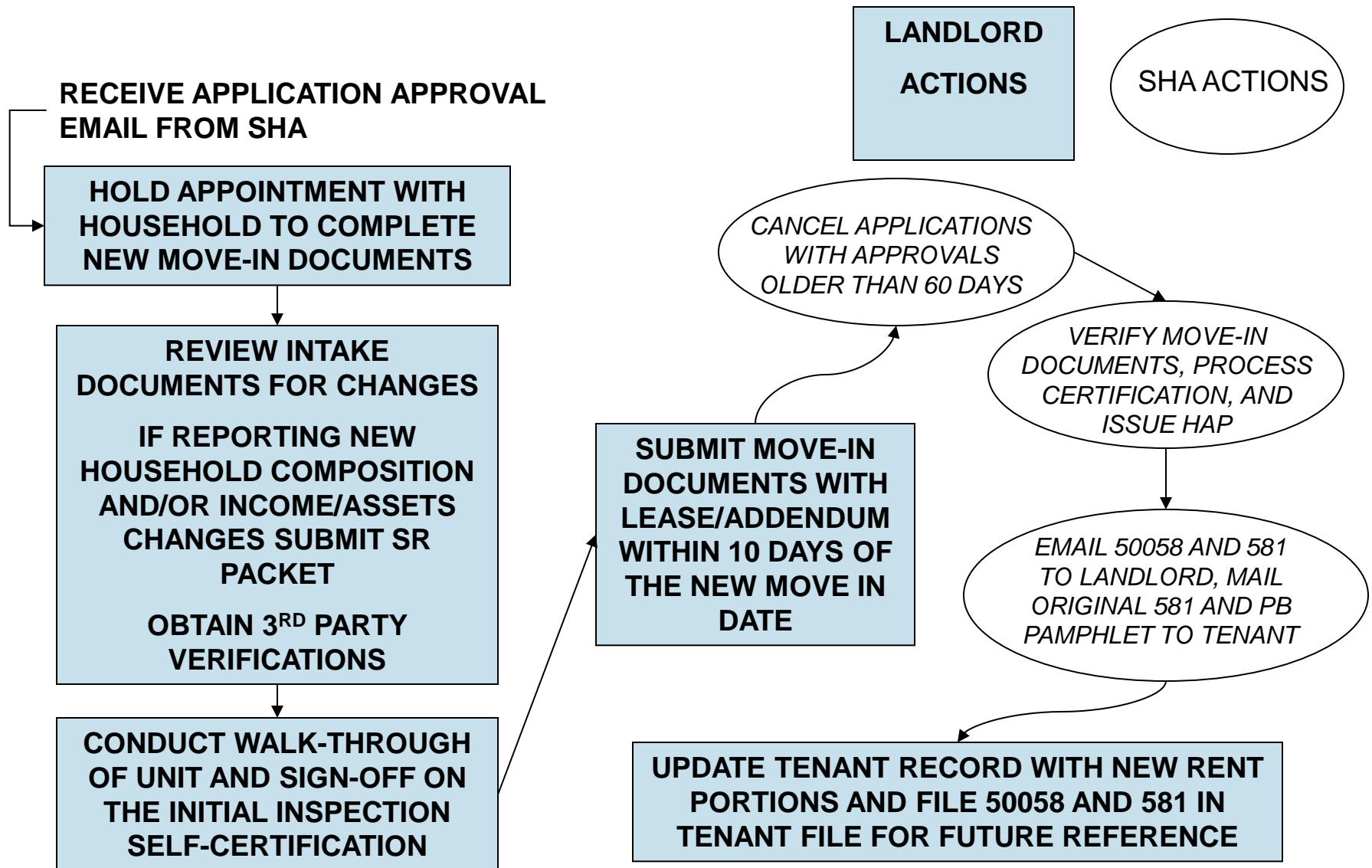
Staff signature _____

Date _____

7/14/2015

NEW MOVE IN (LEASE UP) STEP 2

New Move-in Workflow



New Move-in (NMI)

- ▶ **Initial Inspection Self-Certification:** landlord signs off on the condition of the unit prior to move-in, but unit must have passed an SHA HQS inspection within the past 12 months, or in case of units on a biennial schedule, 24 months. The initial inspection must be completed on or before the lease start date. HAP payments cannot begin before Initial Inspection Self-Certification form is completed or proper passed SHA HQS inspection.
- ▶ **Tenancy Addendum:** is an addendum to your lease and Landlord is *required* to provide both lease and addendum to tenant
- ▶ **Lease End Date:** is the last day of the month, prior to original move in date
Example: if lease date starts 4/14/2010, the lease end date is 3/31/2011
- ▶ **Statement of Family Responsibility form:** identifies the family's obligations and authorizes them to receive the Project-based subsidy. Tenant and Landlord are required to sign/date this document on or before the lease start date.
- ▶ **Reporting/Drug form:** is additional participant responsibilities for all HCV program participants
- ▶ **SHA will start paying HAP from the latter date of either application approval date, lease start and signed date, statement of family responsibility signed date, or initial inspection self-certification sign date if unit has had a passed inspection in the proper timeframe.**

New Move-In Checklist



Project-Based Program

Date _____

Sender's name (not agency's name) _____

Phone or e-mail _____

Applicant's name _____ Property name _____

No. of bedrooms _____ Address & unit number _____

Is this a Sound Families unit? (circle one) **YES** **NO**

New Move-In forms packet

Fax this checklist, forms and documents to 206-239-1770

The following forms are included in the New Move-In forms packet. They should be completed at New Move-In by the applicant and the housing provider, as appropriate.

Checklist [this form; use as your coversheet]

- ☐ **Statement of Family Responsibility**
- ☐ **Inspection Self-Certification**
- ☐ **Copy of Lease**
- ☐ **Copy of Tenancy Addendum**
- ☐ **Reporting Obligations and Drug Form**
- ☐ **Lead Based Paint Disclosure (if applicable)**

If there have been any changes to the household **income or circumstances**, please also complete a Special Review packet and submit it with the New Move-In paperwork.

Timelines

New Move-In documents must be received by Seattle Housing within 10 days of the application approval date. Seattle Housing will do our best to process *complete* packets within 30 days of receipt.

If an incomplete New Move-In Packet is submitted, we may return it to the building with instructions for resubmission.

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

Landlord Orientation for New Applicants/Tenants

When reviewing NMI documents with tenant, be sure to:

- ▶ Explain the differences between Project-based & Tenant-based
 - Project-based subsidy stays with the unit
 - Tenant-based subsidy is a voucher that belongs to tenant
- ▶ Explain reporting requirements & timelines
- ▶ Review & provide copies of:
 - Statement of Family Responsibility
 - Tenancy Addendum
 - Welcome to the Section 8 Project-based Assistance Program brochure

Statement of Family Responsibility



Project-Based
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

Project-Based Program Statement of Family Responsibility

The undersigned public housing agency (PHA) hereby certifies that the family consisting of the following members:

is eligible to participate in the Section 8 project-based voucher program of this PHA and is approved to occupy unit at:

Under this program, the PHA makes housing assistance payments to owners for units leased and occupied by participating families.

2. Tenant Rent. The tenant rent is the portion of the monthly rent to owner paid by the family, and is based on the family's income, composition, and expenses. The PHA determines the tenant rent in accordance with HUD requirements.

3. Changes in Tenant Rent. A family's tenant rent may change because of changes in program requirements or changes in family income, composition, or expenses. Any change in a family's tenant rent will be effective on the date stated in a notice by the PHA to the family and owner.

4. PHA Housing Assistance Payment. The monthly housing assistance payment by the PHA to the owner for a unit leased by a family is the rent to owner minus the tenant rent (total tenant payment minus any applicable utility allowance). The family is not responsible for payment of the portion of the rent to owner covered by the housing assistance payment.

5. Family Right to Move.

Project based voucher assistance is site specific. This means that the subsidy remains with the unit if the family should choose to move.

6. Family Obligations.

(A) Any family participating in the project-based voucher program of the undersigned PHA must follow the rules listed below in order to continue to receive housing assistance under the program. Any information the family supplies must be true and complete.

(B) Each family member must:

1. Supply any information that the PHA or HUD determines to be necessary for administration of the program, including submission of required evidence of citizenship or eligible immigration status.

2. Supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim examination of family income and composition.

3. Disclose and verify social security numbers and sign and submit consent forms for obtaining information.

4. Supply any information requested by the PHA to verify that the family is living in the unit or information related to family absence from the unit.

5. Promptly notify the PHA in writing when the family is away from the unit for an extended period of time in accordance with PHA policies.

6. Allow the PHA to inspect the unit at reasonable times and after reasonable notice.

7. Notify the PHA and the owner in writing before moving out of the unit or terminating the lease.

8. Use the assisted unit for residence by eligible family members. The unit must be the family's only residence.

9. Promptly notify the PHA in writing of the birth, adoption, or court-awarded custody of a child.

10. Request PHA written approval to add any other family member as an occupant of the unit.

11. Promptly notify the PHA in writing if any family member no longer lives in the unit.

12. Give the PHA a copy of any owner eviction notice.

13. Pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease.

(C) The family (including each family member) must not:

1. Own or have any interest in the unit.

2. Commit any serious or repeated violation of the lease.

3. Commit fraud, bribery or any other corrupt or criminal act in connection with the program.

4. Engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

5. Sublease or let the unit or assign the lease or transfer the unit.

6. Receive project-based voucher assistance while receiving another housing subsidy for the same unit or a different unit under any other Federal, State or local housing assistance program.

7. Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.

8. Receive project-based voucher assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

9. Engage in abuse of alcohol in a way that threatens the health, safety or right of peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

7. Termination of Assistance. The PHA may terminate housing assistance for any grounds authorized in accordance with HUD requirements,

including family violation of any obligation under Section 6 of this Statement of Family Responsibility.

In addition, if a family resides in a project-based voucher unit excepted from the 25 percent per-project cap on project-basing because of the family's participation in a Family Self-Sufficiency (FSS) or other supportive services program, and the family fails without good cause to complete its FSS contract of participation or supportive service requirement, the PHA shall terminate assistance in accordance with HUD requirements.

8. Illegal Discrimination. If the family has reason to believe that it has been discriminated against on the basis of age, race, color, religion, sex, disability, national origin, or familial status, the family may file a housing discrimination complaint with any HUD office in person, by mail, or by telephone. The PHA will give the family information on how to fill out and file a complaint.

9. HUD Requirements. HUD requirements for the Section 8 project-based voucher program are issued by Headquarters as regulations, Federal Register notices, or other binding directives. The Statement of Family Responsibility shall be interpreted and implemented in accordance with HUD requirements.

Building Name _____

Building Representative _____

Title _____

Signature _____

Date _____

Head of Household Signature _____

Date _____

SHA Staff _____

Title _____

Signature _____

Date _____

Statement of Family Responsibility

This is the only document that ties all three parties together.

The second page must be signed & dated by all parties.

Landlord

Participant →

SHA

McDermott Place	
Building Name	
Building Representative	Tom Jones
Signature	Thomas Jones
Head of Household Signature	
SHA Staff	
Signature	
Title	Building Manager
Date	9/30/2011
Date	9/30/2011
Date	
Title	
Date	

Revised July 2010

page 2

Inspection Self –Certification



Project-Based
Voucher Program

Address PO Box 19028
190 Queen Anne Ave N
Seattle, WA 98109-1028
Telephone 206-239-1728
FAX 206-239-1770
TDD 1-800-833-6388
Website www.seattlehousing.org

Project-based Initial Inspection Self-Certification

Building Name: _____

New Resident: _____

Unit Number: _____

I, _____, building manager, certify that unit number _____ has been inspected by the Seattle Housing Authority within the last 12 months, or in the case of units on a biennial schedule, 24 months. I further certify that the following HUD Housing Quality Standards at 24 CFR 982.401 were met on the date that the new resident/participant first occupied the unit:

- ◊ The plumbing systems and sanitary facilities are in proper operating condition.
- ◊ The dwelling unit provides adequate space and security for the family.
- ◊ The lock(s) to the unit are working properly.
- ◊ The heating system is safe for heating the dwelling unit (and a safe cooling system, where present).
- ◊ The electrical fixtures and wiring ensure safety from fire.
- ◊ The electrical outlets are in proper operating condition.
- ◊ The dwelling unit is structurally sound.
- ◊ The ceilings, walls, and floors do not have any serious defects.
- ◊ Elevators (if any) are working and safe.
- ◊ The dwelling unit and its equipment is in sanitary condition.
- ◊ The dwelling unit and its equipment is free of vermin and rodent infestation.
- ◊ The unit contains a working smoke detector and carbon monoxide detector.
- ◊ Lead Based Paint - The dwelling unit and common areas (including the exterior of the building, fences, storage buildings, garages, etc.) have no chipping, peeling, and/or chalking paint.

Name and Title

Signature

Date

7/14/2015

Tenant–Building Lease

Common mistakes:

The term of the lease cannot start before the application was approved by SHA. If it does, the landlord will not receive HAP for that time.

4. **TERM OF LEASE.** The term of this tenancy shall run from **JANUARY, 10, 2011**, through **DECEMBER 31, 2011**. This lease shall neither automatically renew nor automatically convert to a month-to-month tenancy.
5. **RENT.** The total contract rent for this unit is **\$ USE FULL CONTRACT RENT AMOUNT**, payable on the first of each month.

Tenants shall pay the rent by either hand delivering or mailing it to Landlord at the address above.

The rent amount on the lease should be the total contract rent, not the gross rent, tenant portion, or a non-dollar entry.

TRANSFERS

Unit Transfer Checklist



Project-Based Program

Date _____

Sender's name (*not* agency's name) _____

Phone or e-mail _____

Applicant's name _____ Property name _____

No. of bedrooms _____ Address & unit number _____

Is this a Sound Families unit? (*circle one*) **YES** **NO**

Unit Transfer forms packet

Fax this checklist, forms and documents to 206-239-1770

A move within the same property is considered a *unit transfer*. If a tenant is moving to a new property with the same owner, a new application must be completed.

The following forms are included in the Unit Transfer Forms packet provided by Seattle Housing. They should be completed at Transfer by the applicant and the housing provider, as appropriate.

Checklist [this form; use as your coversheet]

- ☐ **Statement of Family Responsibility**
- ☐ **Inspection Self-Certification**
- ☐ **Copy of Lease**
- ☐ **Copy of Tenancy Addendum**
- ☐ **Lead-Based Paint Disclosure** (*if applicable*)

If there have been any changes to the household income or circumstances, please complete and submit a Special Review packet.

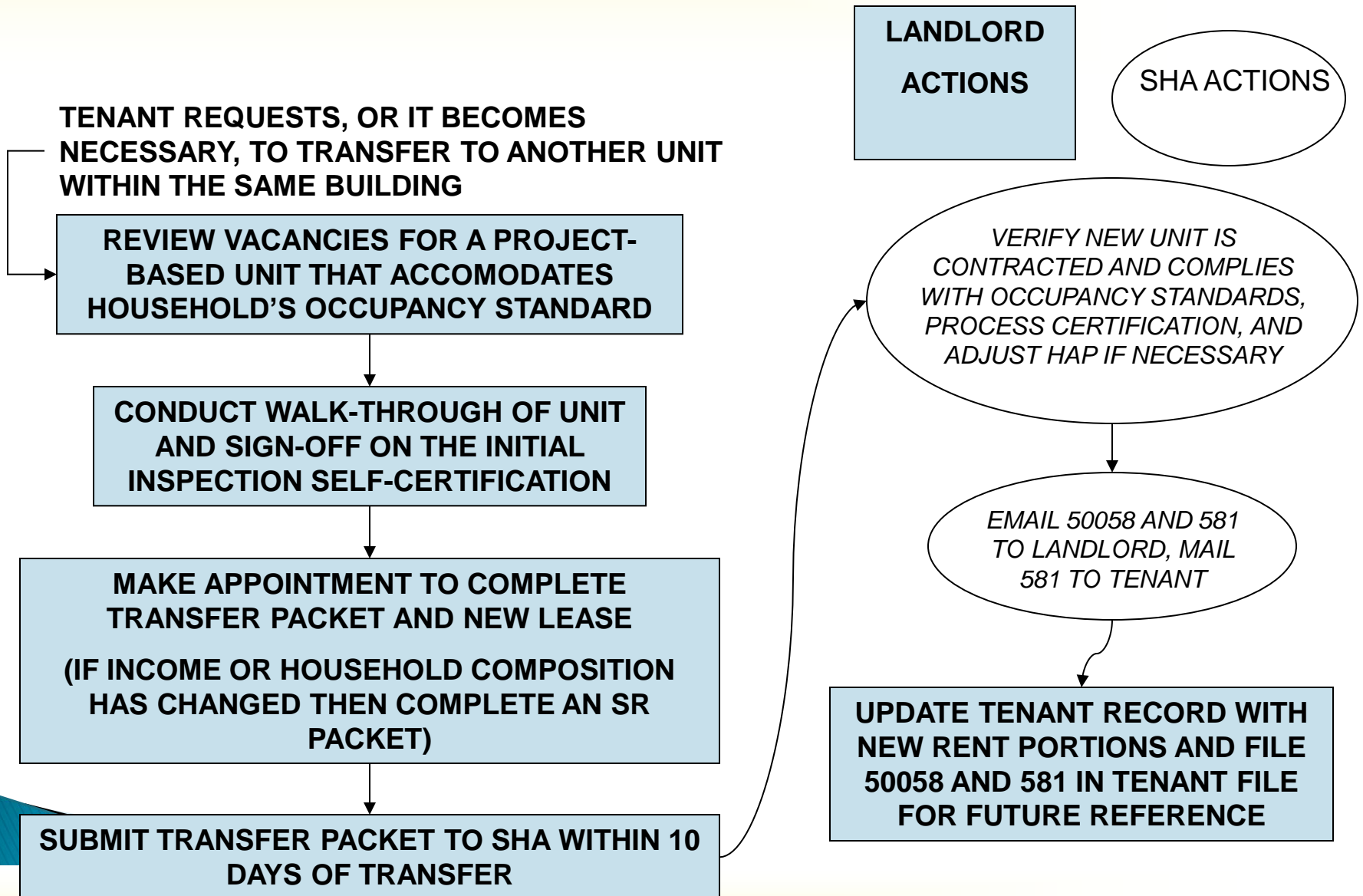
NOTE: When a tenant transfers units, their Annual Recertification date does not change. Therefore Seattle Housing does not recertify a participant at the time of transfer.

Timelines

Transfer documents must be received by Seattle Housing within 10 days of the transfer date. Seattle Housing will do our best to process *complete* packets within 30 days of receipt. If an incomplete Transfer Packet is submitted, the agency may return it to the building with instructions for resubmission.

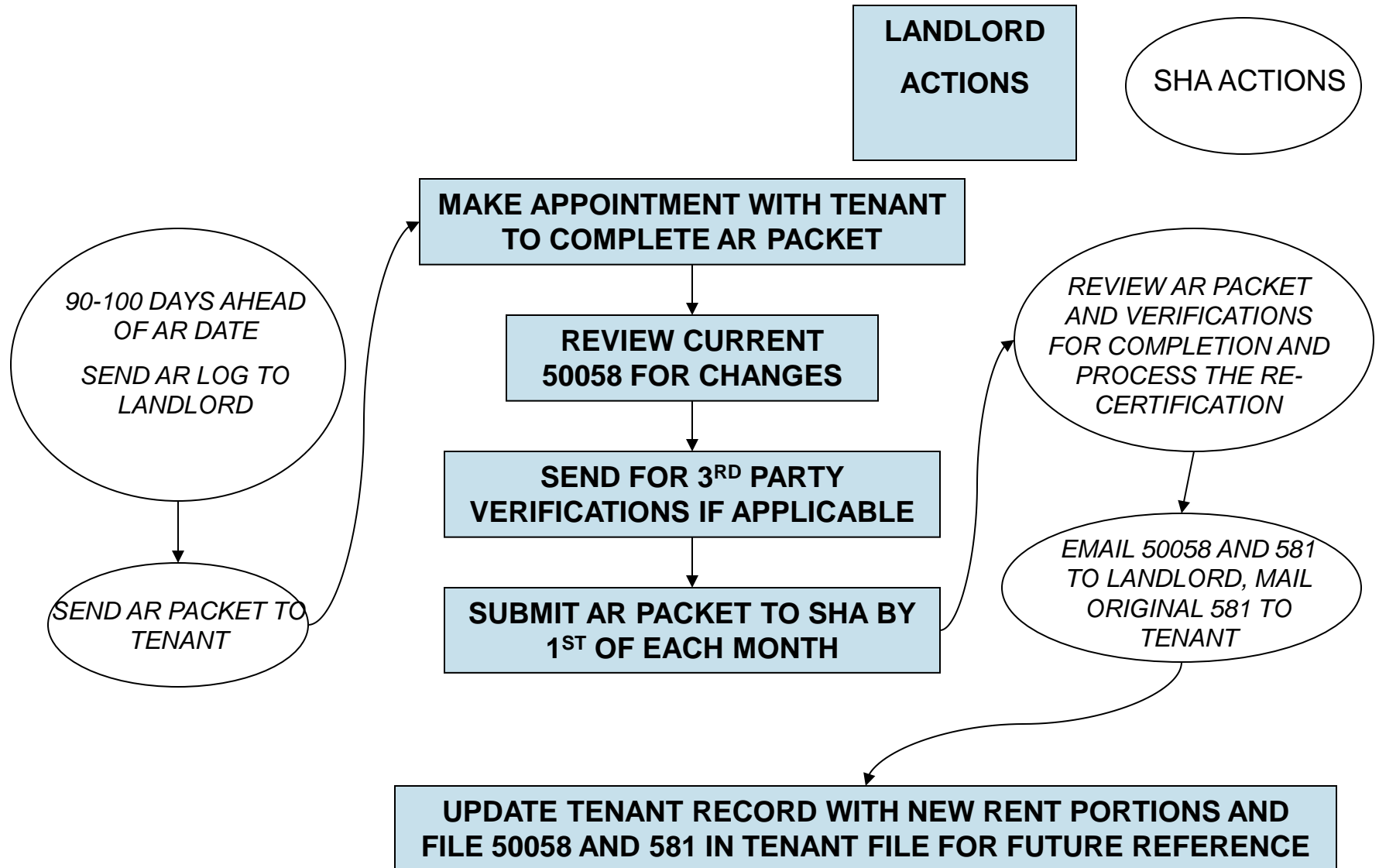
 **Forms must be signed by all household members 18 years of age or older.**

Transfer Workflow



ANNUAL REVIEW

Annual Review Workflow



Annual Review (AR) Timeframes

- ▶ SHA sends AR packets to tenants and AR logs to landlords 90–100 days prior to tenant anniversary date
- ▶ Tenants submit AR packets with supporting documentation *directly* to landlord for submission to SHA Office by the 1st of each month
- ▶ If **incomplete AR packets**, SHA will email landlord for missing documents/items or may send notice to the tenant and copy the landlord with 10 business days to respond
- ▶ If **no response** to requests from tenants/landlord, SHA will send Non-compliance termination letter and copy the landlord
- ▶ For **Tenant caused delay of AR**, the tenant may not receive 30 days' notice of an increase
- ▶ For **SHA caused delay of AR**, there is no penalty to tenant
- ▶ For **Landlord caused delay of AR**, HAP will be placed on hold
- ▶ **SHA 581 Lease Amendment**: a written notification that informs the tenant and landlord of contract rent, tenant rent portion and HAP portion
 - SHA may attach a second page to the lease amendment to explain changes such as effective dates, utility allowance amounts, household composition, etc



**Project-Based
Voucher Program**

Applicant name: _____
Bedrooms requested: _____

Date: _____
Sender's name (not agency name): _____
Phone or email: _____
Property Name: _____
Address & unit number: _____
Is this a Sound Family's unit? (circle one) Yes No

Annual Review Forms Packet

Fax this checklist, forms and documents to 206-239-1770

The following forms are included in the Annual Review forms packet. They should be completed by the applicant with the housing provider's assistance.

Checklist [this form; use as your coversheet]

- ☐ **Project-based Program Personal Declaration for Eligibility and Certification** – all boxes completed or marked "N/A", and signed by all family members 18 years and older
- ☐ **General Release of Information** (SHA-9886) - signed by all family members 18 years and older

In addition to the completed forms listed above, the housing provider must provide the following documentation:

- ☐ **Income Verification for all household members**
 - ✓ Direct employment verification, or, 60 days of paystubs (no gaps) for employed family members
 - ✓ If self employed, complete the self employment certification
 - ✓ If receiving L&I or pension provide current statement
 - ✓ If receiving gift income such as monetary gift, or outside party is paying a household bill, provide letter from the paying party including their phone number, detailing contributions
 - ✓ If receiving privately paid child support, provide signed letter from paying party including their phone number
- ☐ **Provide verification if assets are over \$50,000**
- ☐ **If claiming Childcare Expense on Personal Declaration, provide verification of out of pocket payment**
- ☐ **Medical Expenses declaration if applicable**
- ☐ **If declaring college student status, provide verification of credits taken, tuition statement and financial aid award letter. If 18 or older and in high school, provide letter from high school verifying enrollment**
- ☐ **If minor has turned 18 since the last Annual Review, obtain copy of picture ID and signed HUD 52675 debts owed form**

Revised March 2014



Housing Choice Voucher

Personal Declaration for Eligibility and Certification

Head of Household's Social Security number

3 2 1 - 1 1 5 6 7 8

CONTACT INFO

(Head of household)

Street address, P.O. Box, or shelter name
1313 Mockingbird Lane

City Seattle

State WA

ZIP Code 98107

Homeless at application?
☒ Yes ☐ No

Primary phone number
(206) 789-9111

Other phone number

E-mail address

What language do you speak at home?

ENGLISH

Interpreter needed?

☐ Yes ☒ No

► HOUSEHOLD COMPOSITION AND INCOME

List every person living with you. Live-in-Aides do not need to list income. (If you need additional space, please attach a separate paper.)

Last, First, Middle initial	Relation To Head	Social Security number	Sex (M/F)	Date of birth	Race (Black, White, Asian, Native American, etc.)	Hispanic?		Income: list all money received by each person in the household per month. If no income, write '0'.
						Yes	No	
Suzie Q. Smith	HEAD	(Entered above)	F	1/1/70	Black		X	Type: JOB \$ 1,000 Type: \$
Diana Jackson-Smith	daughter	323-12-5555	F	1/1/91	Black		X	Type: 0 \$ Type: \$
Michael Jackson-Smith	son	323-11-5555	M	1/1/03	Black		X	Type: SS1 \$ 236 Type: \$
								Type: \$ Type: \$
								Type: \$ Type: \$
								Type: \$ Type: \$
								Type: \$ Type: \$

► OTHER HOUSEHOLD INFORMATION

(If you need additional space, please attach a separate paper.)

☒ Yes ☐ No Is anyone in your household disabled? If yes, please list their names: Michael Jackson-Smith

☐ Yes ☒ No Has anyone in your household served in the armed forces or is the spouse of someone who has served? If yes, please list their names:

☐ Yes ☒ No Does anyone outside your household pay for any of your bills or contribute to your household expenses on a regular basis? If yes, explain here and attach a statement from the person stating how often and the amount:

☐ Yes ☒ No Have you or has any member of your household ever been convicted of a crime (misdemeanors, felonies, etc.)? If yes, please explain:

Is there any other information you would like us to know about your household?

► ACCOMMODATIONS

If you answer yes, additional forms will be provided to you, including a verification form for your medical professional to complete and sign.

☐ Yes ☒ No Is there anything that prevents your household from applying for housing, occupying your unit, and/or participating fully with the program?

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

Rev. 09/10

Page 1 of 2

7/14/2015

Personal Declaration, page 2

Print head of household name Suzie Q. Smith

► **CURRENT EMPLOYMENT INFORMATION** (If you need additional space, please attach a separate paper.)

☒ **Yes**, someone in my household is employed. Complete the below information. ☐ **No**, no one in my household is employed.

Name of household member	Name of employer	Employment start date	Employer's address	Employer's phone number	Employer's fax number
Suzie Q.	Starbucks	12/20/10	4th Ave S.	(206) 582-1000	(206) 582-1001

► **ASSETS** List all assets held or owned by every person who will be part of this household. (If you need additional space, please attach a separate paper.)

☒ **Yes**, someone in my household has assets. ☐ **No**, no one in my household has assets.

Name of household member	Type of asset (checking, savings, IRA, house, etc.)	Current value	Interest rate	Name of bank or financial institution	Account number
Suzie Q.	checking	\$ 300	0 %	Chase	
		\$	%		

☐ **Yes** ☒ **No** Have you cashed in an asset (such as a CD, for example) in the past 60 days? If yes, how much did you receive? \$

☐ **Yes** ☒ **No** Have you sold an asset/property in the last two years? If yes, provide an explanation on a separate piece of paper.

► **STUDENT INFORMATION** List information only for household members who are 18 years old or older. (If you need additional space, please attach a separate paper.)

☒ **Yes**, an adult in my household is a student. Complete the below information. ☐ **No**, no adult in my household is a student.

Name of household member	Name of school	Full time or part time?	List all financial aid received (grants, scholarships, etc.)
Diane Jackson-Smith	N. Seattle Community College	Full-time	Pell grant, loans

► **DEDUCTIONS** List expenses that you pay out of pocket and anticipate to continue for the next 12 months. (If you need additional space, please attach a separate paper.)

☒ **Yes**, someone in my household has these expenses. Complete the below information. ☐ **No**, no one in my household has these expenses.

	Name of provider	Provider's address	Provider's phone number	Amount of monthly expense
Child care expense				\$

☒ **Yes** ☐ **No** Medical Expense: If yes, and your household is eligible to have medical expenses deducted from your income, complete a Medical Expenses Declaration form.

☐ **Yes** ☒ **No** Disability Assistance Expense: Attendant care and auxiliary apparatus expenses for a disabled household member may be deductible if the expense is paid by the household to enable a household member to be employed. If yes, please explain:

► **CERTIFICATION** I understand all changes to my household composition, income, or other circumstances that occur after I complete this form must be reported in writing to Seattle Housing within ten (10) business days of the change. I understand my eligibility for housing depends on my household's full completion of this form as verified by Seattle Housing. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program.

Suzie Q. Smith
Head of household signature

5/26/11
Date

Spouse or Co-head signature

Date

Diane G. Smith
Signature of other household member (age 18+)

5/26/11
Date

Signature of other household member (age 18+)

Date

Medical Expenses Deduction Worksheet

Head of Household: Suzie Q Last 4 SSN: 5678

How to submit expenses at Annual Review: List all your household's medical expenses paid in the past 12 months that were not paid by someone outside of your household on the chart below. Attach more paper if needed. Seattle Housing will review the chart to determine which expenses qualify for a medical deduction. You will not receive a deduction for expenses listed that are not considered qualifying medical expenses by Seattle Housing. If the chart is not completed then your expenses will not be deducted. Please do not submit documentation at this time. However, keep your documentation for at least one year in case of file review. If expenses are reported inaccurately or are unverifiable you may be responsible for any subsidy overpaid on your behalf.

***List expenses paid in the past 12 months only.** If you have questions, please contact your Certification Specialist.

HOUSEHOLD MEMBER	EXPENSE TYPE	PAYMENT(S) MADE TO	AMOUNT YOU PAID (circle how often)	DOCTOR / PRESCRIBER	SFA USE ONLY: USED?
Example:	Prescribed items (co-pays, etc.)	Pharmacy	\$ 45.00 Annually / <u>Monthly</u>	Dr. John Smith at Smith Clinic	Y / N
Michael	Prescribed items (co-pays, etc.)	Walgreen's	\$ 10 Annually / <u>Monthly</u>	Dr. King	Y / N
Michael	Office visits (co-pays, deductibles, etc.)	The Country Doctor	\$ 15 Annually / <u>Monthly</u>	Dr. Bob	Y / N
	Inpatient (deductibles, payment plans, etc.)		\$ Annually / Monthly		Y / N
	Miscellaneous (health insurance premiums, etc.)		\$ Annually / Monthly		Y / N
Michael	Other: Pool therapy	YMCA Gym	\$ 100 <u>Annually</u> / Monthly	Dr. Bob	Y / N
	Other:		\$ Annually / Monthly		Y / N
	Other:		\$ Annually / Monthly		Y / N
	Other:		\$ Annually / Monthly		Y / N

I declare the expenses I have listed are accurate. I understand that Seattle Housing may request documentation such as third party verification or pharmacy history to confirm the amounts declared. I understand that if the expenses are inaccurate or unverifiable I will be responsible for any subsidy overpaid on my behalf.

Suzie Q. Smith
Print Head of Household Name

Suzie Q. Smith
Head of Household Signature

5/26/11
Date

2015 Annual Review Schedule

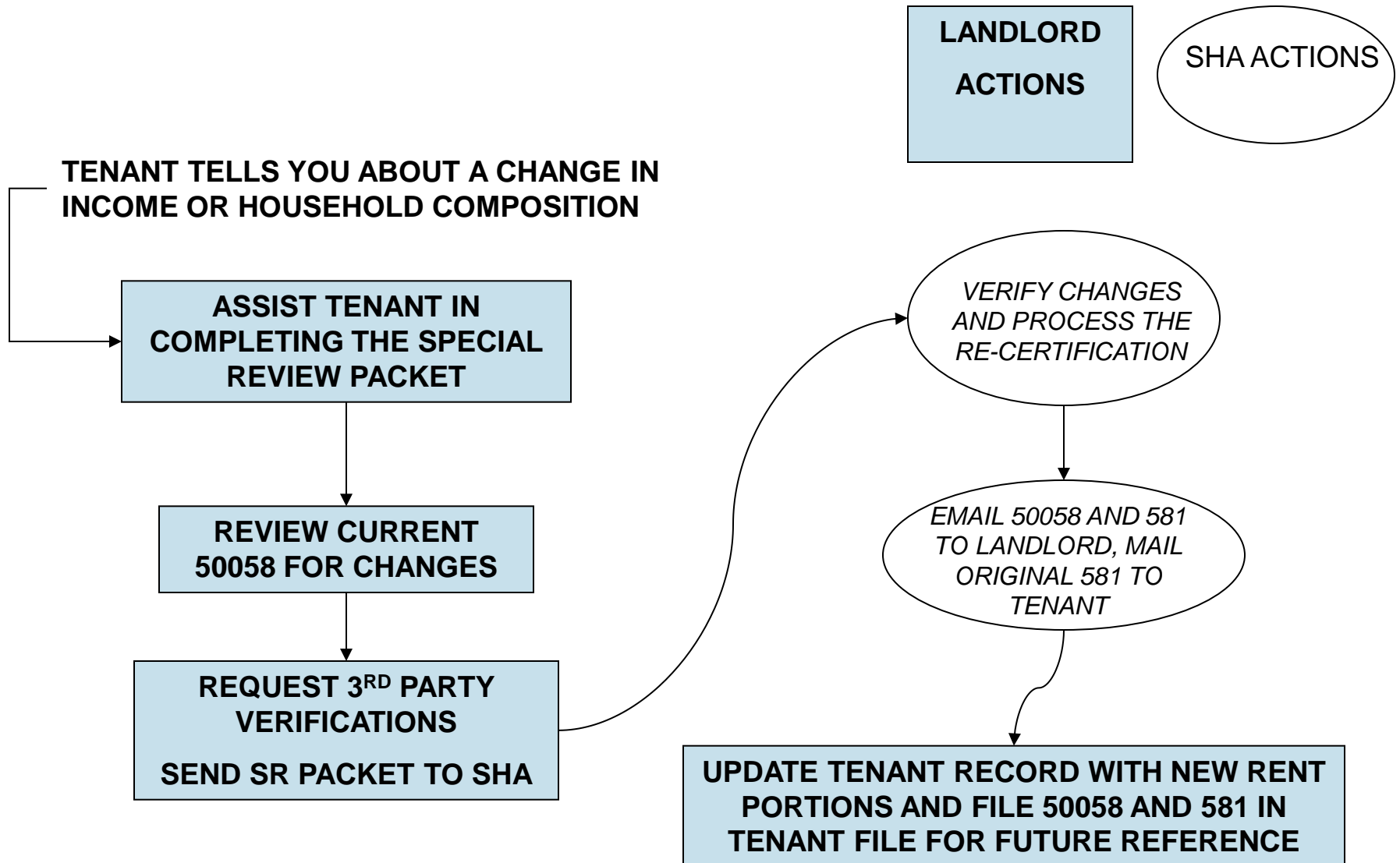
Date on Letters	Date Due	AR Effective Date
January 18, 2015	February 1, 2015	May 1, 2015
February 15, 2015	March 1, 2015	June 1, 2015
March 18, 2015	April 1, 2015	July 1, 2015
April 17, 2015	May 1, 2015	August 1, 2015
May 18, 2015	June 1, 2015	September 1, 2015
June 17, 2015	July 1, 2015	October 1, 2015
July 18, 2015	August 1, 2015	November 1, 2015
August 18, 2015	September 1, 2015	December 1, 2015
September 17, 2015	October 1, 2015	January 1, 2016
October 18, 2015	November 1, 2015	February 1, 2016
November 17, 2015	December 1, 2015	March 1, 2016

Triennial Reviews (Annual Updates)

- ▶ For most households we will conduct an Annual Review every year.
- ▶ However, if all adults in the subsidized household are elderly or disabled, the family will be defined as a triennial eligible household, unless the household is zero income.
- ▶ These families will only complete an Annual Review packet every third year. In the years between they will have an Annual Update(Triennial Review) completed, and do not have to complete an Annual Review packet.
- ▶ We will notify them (and you) what the new rent is and what income was used to calculate their portion.
- ▶ ***It is important that these families still report any changes they have in their income to you in writing within ten days.***

SPECIAL REVIEW

Special Review Workflow



Special Reviews

- ▶ Tenant must report changes of income or household within 10 business days of change to landlord and complete SR paperwork.
- ▶ SR form or tenant's written notification must be submitted along with any income verification. Sending income verification alone without written documentation of change is not acceptable.
- ▶ **Important! Special Reviews *requesting a decrease* must be accompanied by supporting verification or Special Review will be cancelled.**
- ▶ Landlords must submit complete SR paperwork for decreases to SHA by 5:00 p.m. on the 10th of the month for the rent decrease to take effect the 1st of the following month.
- ▶ For increases, landlord should request third party employment verification, submit SR paperwork to SHA without delay and send verification as soon as received
- ▶ Once SHA receives the paperwork, SHA determines if SR start date is less than 30 days notice, 30 days notice or no change (No Special Review needed.)
- ▶ For Landlord delay in submitting SR paperwork, any change in rent or HAP may be absorbed by Owner
- ▶ **SHA 581 form (Lease Amendment):** Written notification sent after review is completed that informs the tenant and landlord of contract rent, tenant rent portion and HAP portion. A second page may be attached to explain additional changes that occurred with this review.

Special Review “A” Checklist



Project-Based Program

Date _____

Sender's name (*not* agency's name) _____

Phone or e-mail _____

Applicant's name _____ Property name _____

No. of bedrooms _____ Address & unit number _____

Is this a Sound Families unit? (*circle one*) **YES** **NO**

Special Review Form packet 'A' – **NOT** adding a person to the household

Fax this checklist, forms and documents to 206-239-1770

If a household is *adding* a person, use **Special Review Form packet 'B'** instead of this.

The following form should be completed by the applicant with the housing provider's assistance.

Checklist [this form; use as your coversheet]

☐ **Change of Income or Household Conditions Form**

The housing provider must provide **verification of all changes being reported.**

Household Changes

- *If a household member has moved out, verification of new address is required.*

Timelines

- All changes must be reported, in writing, within 10 business days
- Income decreases received by the 10th of the month will take effect the following month
- Income increases will take effect with 30-day notice from Seattle Housing Authority (if reported within 10 business days of the change)

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

Special Review “B” Checklist



Project-Based Program

Date _____

Sender's name (not agency's name) _____

Phone or e-mail _____

Applicant's name _____ Property name _____

Bedrooms requested _____ Address & unit number _____

Is this a Sound Families unit? (circle one) **YES** **NO**

Special Review Forms **packet 'B'** – use when ADDING a person to the household

Fax this checklist, forms and documents to 206-239-1770

If adding a person, use this Special Review Forms packet 'B'. Any adult being added must be approved by Seattle Housing prior to their moving in.

The following forms should be completed by the applicant with the housing provider's assistance.

Checklist [this form; use as your coversheet]

- ☐ **Request to Add a Household Member**
- ☐ **General Release of Information (SHA-9886)**
- ☐ **Criminal Background Check**
- ☐ **Addition Declaration of Citizenship or Immigration Status (1117)**
- ☐ **Eligible Immigration Status Verification Consent (1118) (if applicable)**
- ☐ **Debts Owed to PHAs and Terminations Form** if applicable (HUD 52675) -all members 18 years or older – adults only
- ☐ **Social Security number verification**
- ☐ **Proof of identification**
- ☐ **Immigration documents** if applicable
- ☐ **Social Security Number Verification** copied onto attached template for certifying that SS card(s) and immigration documents(s) are copies of originals

The housing provider must provide **verification of all changes being reported.**

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

Timelines

- All changes must be reported, in writing, within 10 business days
- Income decreases received by the 10th of the month will take effect the following month
- Income increases will take effect with 30-day notice from Seattle Housing (if reported within 10 business days of the change)

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

SR Change of Income or Household Conditions



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

Change of Income or Household Conditions

Head of household name (Last, First)	Head of household Social Security number
Address	Primary phone number

Instructions: Complete only the sections that are necessary to tell us how your household income or conditions have changed. Provide a response for all items in the applicable section and attach additional pages if necessary.

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*

Change in pay or new employment	Employment ended
Household member _____	Household member _____
Employer name _____	Employer name _____
Employer phone _____	Employer phone _____
Employer address _____	Employer address _____
Effective date of the change _____	Stop date _____
Hourly pay rate \$ _____ Hours per week _____	<input type="checkbox"/> Attach confirmation from the employer of your last day worked

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

<input type="checkbox"/> Child Support <input type="checkbox"/> DSHS (TANF / Disability Lifeline / Welfare) <input type="checkbox"/> Gifts or contributions <input type="checkbox"/> Labor and Industries (L&I) <input type="checkbox"/> Pension or annuity	<input type="checkbox"/> Social Security or SSI <input type="checkbox"/> Trust or retirement disbursements <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> V.A. benefits <input type="checkbox"/> Other: _____
Household member _____	Household member _____
Describe change _____	Describe change _____
Amount \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month	Amount \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month
Start date _____ Stop date _____	Start date _____ Stop date _____

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

Household member with no income/contributions _____	Start date _____
Describe income change _____	

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 _____
Attachments: ☐ Verification of the household member's new address, such as a lease or a utility bill showing the name and address
☐ Written verification from your landlord acknowledging the person is no longer in your household

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 changes are reported 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 _____

SR Change of Income or Household Conditions

Project-based HCV: Change of Income or Household Conditions

Head of Household name (Last, First)	Head of Household Social Security Number
Address	Contact phone number <input type="checkbox"/> Home <input type="checkbox"/> Cell

Common mistakes:

Should be head of household, not the person with the change

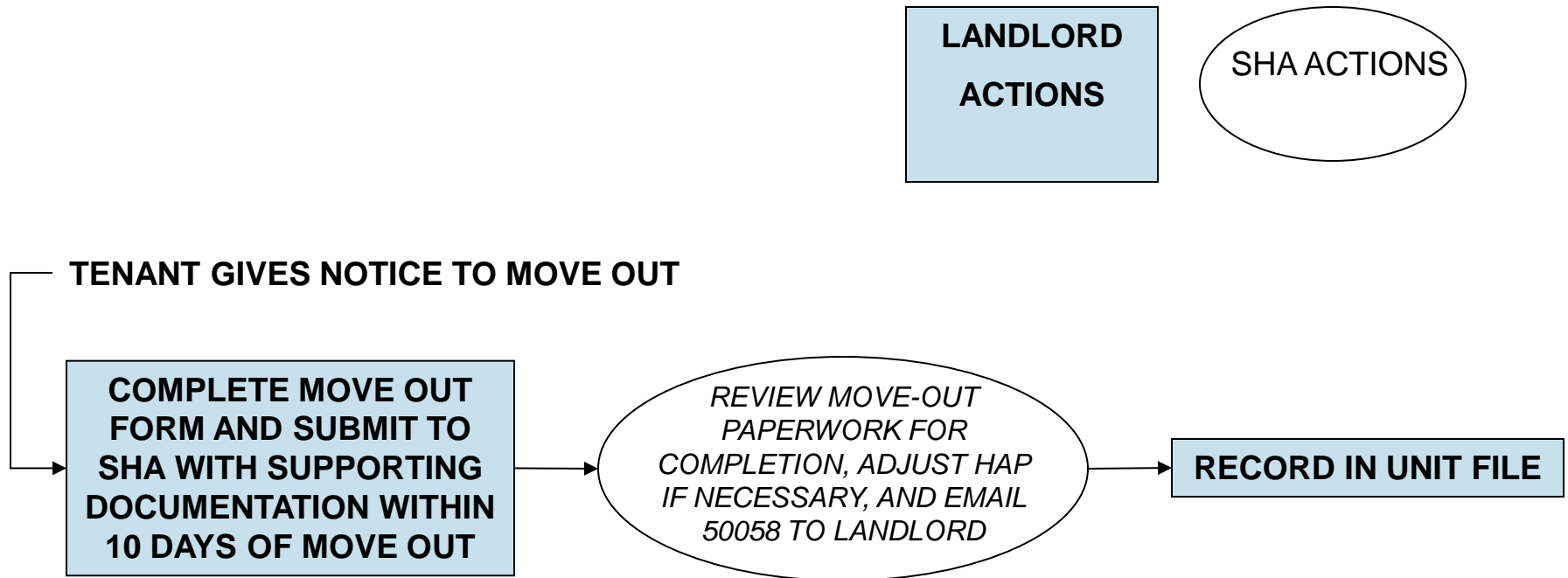
Head of Household's signature _____ Date _____

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

Always submit this form with supporting documentation.

MOVE OUT

Move Out Workflow



Move Out Notification

Must be submitted to SHA within 10 days of move out date along with supporting documentation such as:

1. 20 Day Vacate notice/Less 20 Day notice
2. Eviction notice
3. Mutual termination agreement
4. Abandonment notification



Project-Based
Voucher Program

Address 190 Queen Anne Ave N
Seattle, WA 98109
Telephone 206-239-1728
FAX 206-239-1770
TDD 1-800-833-6388
Website www.seattlehousing.org

PROJECT-BASED MOVE-OUT NOTIFICATION

Instructions: Please fill out this form with the applicable date and supporting documents. The Seattle Housing Authority (SHA) may require further verification to ensure that we are properly paying Housing Assistance Payments (HAP) in accordance with HUD regulations and SHA policy

TENANT NAME _____
BUILDING _____ UNIT # _____
MOVE-OUT DATE _____

Reason for Move:

- ☐ 20-DAY NOTICE Provide a copy of 20-day notice
☐ ABANDONMENT Date building took possession _____ (Provide a copy of notice to tenant)
☐ LESS THAN 20-DAY NOTICE Date notice received _____ (Provide a copy of notice to tenant)
☐ EVICTION Date served _____ (Provide a copy of final eviction notice)
☐ DECEASED Date of death _____

Move out Destination:

- | | |
|--|--|
| <input type="checkbox"/> Permanent Housing – Voucher, Public Housing | <input type="checkbox"/> Permanent Housing – Market Rent |
| <input type="checkbox"/> Transitional Housing Program | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Temporary Housing (with family, couch surfing) | <input type="checkbox"/> Jail |
| <input type="checkbox"/> Hospital/Assisted Living | <input type="checkbox"/> Unknown |

Additional Comments:

HAP ISSUES *

☐ Building will keep HAP for move-out month ☐ Building owes prorated HAP to SHA for move-out month

If left blank and/or if supporting documentation is not attached to this Move-Out Notification, SHA will automatically prorate the HAP for the move-out month. The building may be eligible to receive vacancy loss payments. Please contact the Housing Authority for more information.

* HUD regulations at 24 CFR 983.351 state that, except for discretionary vacancy payments in accordance with 983.352, the PHA may not make any housing assistance payment to the owner for any month after the month when the family moves out of the unit (even if household goods or property are left in the unit).

By signing below, I certify that the information provided on this form is consistent with HUD regulations.

BUILDING REPRESENTATIVE: _____ DATE: _____

MISCELLANEOUS

WHAT ARE THIRD PARTY VERIFICATIONS?

SHA obtains...

- ✓ DSHS
- ✓ Washington State Employment Security
- ✓ Washington State Office of Support Enforcement (OSE)
- ✓ EIV (Enterprise Income Verification–HUD site)

Landlord obtains...

- ✓ Employment verification direct from employer. (including seasonal & temporary employment). If not reported at last year's Annual Review, verification must include start date, and gross wages and hours worked. If already on file, most recent 60 days of paystubs with no gaps is acceptable.
- ✓ VA and other pensions
- ✓ Social Security & SSI
- ✓ Annuities/trusts/financial records (if over \$50,000)
- ✓ Any out of state income
- ✓ L&I
- ✓ Child support not received through OSE
- ✓ Self-employment verification
- ✓ Detailed letters from persons detailing contributions to tenant such as paying tenant's bills, or giving cash or other contributions to the subsidized household.
- ✓ Out-of-pocket paid childcare expenses
- **All third party verifications need to be current within 60 days**
- **Landlord should send verification forms directly to third party not through the tenant**

Employment Verification Third Party Form

<http://www.wshfc.org/managers/forms-RC.htm>

THIS SECTION TO BE COMPLETED BY EMPLOYER

Please use gross amounts and do not leave any sections blank; enter zero "0" or N/A.

Employee Name: _____ Job Title: _____

Presently Employed: ☐ Yes ☐ No Date First Employed: _____ Last Day of Employment: _____

Current Wages/Salary: \$ _____ (check one)

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from _____ through _____
(mm-dd-yy) (mm-dd-yy)

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one)

☐ hourly ☐ weekly ☐ bi-weekly ☐ monthly ☐ semi-monthly ☐ yearly ☐ other

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective Date: _____

If the employee work is seasonal or sporadic, please indicate the layoff period(s): _____

Please confirm receipt of employee picture identification with this verification if no Social Security # was provided.

Received: ☐ Yes ☐ No

Additional Remarks: _____

Employer's Signature

Employer's Printed Name

Date

Employer (Company) Name

Address

Phone #

Fax #

Allowances and Deductions

Allowances:

- ▶ **\$400** for an elderly/disabled household
- ▶ **\$480** for dependents (minors, full-time students, disabled adults)

Deductions:

- ▶ **Out-of-pocket expense for Medical**
Use SHA Medical Deduction Worksheet form
- ▶ **Out-of-pocket expense for Childcare**
DSHS Childcare Co-Pay Award letters
Letter from childcare provider

Social Security Letters are Acceptable Proof of Disability (if they are currently receiving benefit)

If no “DI,” use
Professional
Certification of
Disability form.

DI

Date: December 2, 2005
Claim Number: 111-22-3333

JOE CLARK
157 RIVERSIDE AVENUE
EVERETT WA 98000

You asked us for information from JOE CLARK's record. The information that you requested is shown below.

Information About Current Social Security Benefits

Beginning December 2005, the full monthly Social Security benefit before any deductions is...\$ 910.50

We deduct \$0.00 for medical insurance premiums each month.

The regular monthly Social Security payment is...\$910.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month.
(For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of every month. **You are entitled to these benefits as a disabled individual.**

Roles within your agency:

- ▶ Who is responsible for screening and completing Intake documents?
- ▶ Who is responsible for third party verifications?
 - Which forms do you use and where are they kept?
 - What is your process for obtaining them?
- ▶ Who is responsible for leasing?
- ▶ Who is responsible for gathering special and annual reviews?
- ▶ Who is responsible for unit maintenance and turn around?
- ▶ Who is responsible for collecting rent?
- ▶ Who is responsible for reconciliations?

DO'S & DON'T'S

DO...

- ✓ review all application/certifications for completion
- ✓ submit supporting documentation along with SHA forms
- ✓ contact SHA if you have questions regarding reporting requirements and timelines
- ✓ provide special review packets to tenants
- ✓ obtain third party verifications
- ✓ send tenant changes to SHA within 10 business day of change
- ✓ enforce your lease where necessary for lease violations
- ✓ send new staff to Landlord Trainings

DON'T...

- ✓ move in applicants prior to SHA approval, you will not receive subsidy prior to approval date
- ✓ refer your tenants with landlord/tenant issues to Section 8 because Section 8 is not the landlord
- ✓ expect social service agencies to complete application/certification packets, it is landlords obligation
- ✓ give tenants employment verification forms

QUESTIONS?