



**Housing Choice
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

Change of Income or Household Conditions

Head of household name (Last, First)		Head of household Social Security number (last 4)	
Address		Primary phone number	

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 would like to remove a household member
 I am reporting a decrease in household income 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 fax _____	Employer fax _____
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*

Child Support **Pension or annuity** **Trust or retirement disbursements**
 V.A. benefits **Gifts or contributions** **DSHS (TANF / Aged, Blind, Disabled / Welfare)**
 Social Security or SSI **Unemployment benefits** **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 _____

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** _____