



# Mod Rehab

## 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"/> CHILD SUPPORT <input type="checkbox"/> DSHS (TANF OR WELFARE) <input type="checkbox"/> GAU/GAX/GAS <input type="checkbox"/> GIFTS <input type="checkbox"/> L & I	<input type="checkbox"/> PENSION <input type="checkbox"/> SOCIAL SECURITY/SSI <input type="checkbox"/> UNEMPLOYMENT BENEFITS <input type="checkbox"/> V.A. BENEFITS <input type="checkbox"/> Other : _____	<input type="checkbox"/> CHILDCARE Start date: _____ Stop date: _____	<input type="checkbox"/> MEDICAL Start date: _____ Stop date: _____
1) HOUSEHOLD MEMBER NAME	TYPE OF INCOME	START DATE:	
PAYMENT AMOUNT \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	STOP DATE:	
2) HOUSEHOLD MEMBER NAME	TYPE OF INCOME	START DATE:	
PAYMENT AMOUNT \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	STOP DATE:	

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

*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 student

Attach the following: 1: Verification of enrollment status, e.g. current credit hours.  
2: Copy of financial aid award letter.  
3: Verification of tuition cost.

**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 \_\_\_\_\_