SHA TRANSFER CHECKLIST **Section 8 Mod-Rehab Programs**



ender:	Bldg ID:	Phone:	Date:	
Iousehold Name:	Household SSN:			
_	Assemble mate	erials from top to bottom		
	1. Personal Declaration			
	2. Statement of Fa	amily Responsibility		
	3. Authorization f	3. Authorization for the Release of Information (HUD 9886)		
	4. SHA Release of	4. SHA Release of Information		
_	INCOME			
		ication (either WSHFC forms or S	HA forms	
	will be accepted)			
	¥ •	2. Self-Employment Verification include a signed copy of		
		urn (WSHFC Self-Employment Ve	erification	
_	can be substituted	, , , , , , , , , , , , , , , , , , ,		
		Affidavit (SHA form)		
	ASSETS	otion (if assets in average of \$5,000)		
	1. Asset Verification (WSHFC forms of	ation (if assets in excess of \$5,000))	
	DISABILITY PROGRAM			
	(if applicable)			
		Certification of Disability (WSHFO	C	
		ation can be substituted for this for		
		t Medical Deductions include prese		
	printout or receipts			
_	1 2			
Please subm	nit after 1. Initial Inspe	ection Self-Certification		
tenant enters i		e Lease and Tenancy Addendum		

3. Damage Payment and Drug form New Unit #:

Seattle Housing Authority 101 Elliott Ave W, Suite 100 Seattle, WA 98119 www.seattlehousing.org

agreement. Date of Transfer:

CONTACT NUMBERS FOR MOD-REHAB

► New Applications: (206) 239-1782

► New Move-Ins <u>AND</u> Transfers: (206) 239-1782

► Annual Reviews, Special Reviews <u>AND</u> Move-Outs: (206) 239-1716

►FAX: (206) 256-7026

Old Unit #: