Included in this packet are the following documents:
  • Request for Special Review

In addition to the above documents, we will need the following:
  • Income Verification

FAX THESE DOCUMENTS TO (206) 256-7026

DO NOT FAX THIS PAGE
### Change of Income or Household Conditions

#### Please check a box:
- [ ] I am reporting an increase in household income
- [ ] I am reporting a decrease in household income
- [ ] I would like to add/remove a household member
- [ ] Other (please describe): ____________________________

<table>
<thead>
<tr>
<th>1. Head of Household Name (Last, First, Middle)</th>
<th>2. Head of Household Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Address</td>
<td>4. Home Telephone Number</td>
</tr>
</tbody>
</table>

**Instructions:** Please check all that applies and attach verification where applicable.

#### INCOME CHANGE

| □ ANNUITIES | □ CHILD SUPPORT | □ DSHS (TANF OR WELFARE) | □ GAA/GAX/GAS | □ GIFTS | □ L & I |

#### Out-of-Pocket EXPENSES

| □ PENSIION | □ SOCIAL SECURITY/SSI | □ UNEMPLOYMENT BENEFITS | □ V.A. BENEFITS | □ Other: ____________________________ |

**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

- Employer Phone/Fax
- Employer Address
- City, State Zip
- Hourly Pay Rate $ □ Weekly How many hours? __________
  □ Monthly

**MUST ATTACH LETTER FROM FORMER EMPLOYER OR DOCUMENTATION TO VERIFY LAST DAY WORKED**

2) New Employment

- Employer Phone/Fax
- Employer Address
- City, State Zip
- Hourly Pay Rate $ □ Weekly How many hours? __________
  □ Monthly

**MUST ATTACH LETTER FROM FORMER EMPLOYER OR DOCUMENTATION TO VERIFY LAST DAY WORKED**
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 10th 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. If 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 ________________

### Student Status

<table>
<thead>
<tr>
<th>Student Status</th>
<th>Attach verification of enrollment status and financial aid/work-study if applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Household member name</td>
<td>☐ Full time student ☐ Part time student</td>
</tr>
<tr>
<td></td>
<td>Attach the following: 1: Verification of enrollment status, e.g. current credit hours.</td>
</tr>
<tr>
<td></td>
<td>2: Copy of financial aid award letter.</td>
</tr>
<tr>
<td></td>
<td>3: Verification of tuition cost.</td>
</tr>
</tbody>
</table>