

SPECIAL REVIEW Document List

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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

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**Mod Rehab
Program**



Address PO Box 19028
190 Queen Anne Ave N
Seattle, WA 98109-1028
Telephone 206-239-2728
FAX 206-256-7026
TDD 1-800-833-6388
Website www.seattlehousing.org

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:	STOP DATE:
PAYMENT AMOUNT \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
2) HOUSEHOLD MEMBER NAME	TYPE OF INCOME	START DATE:	STOP DATE:
PAYMENT AMOUNT \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		

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

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 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. 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 _____