



Project-Based Program

Date _____

Sender's Name (not agency's name) _____

Phone or Email _____

Applicant's name _____ Property name _____

No. of bedrooms _____ Address & unit number _____

Is this a Sound Families unit? (circle one) **YES** **NO**

Special Review Packet A:
Income Changes & Household Member Removals

Email this packet to projectbasedspecials@seattlehousing.org or fax it to 206-239-1770

Please attach this checklist along with the items below to complete your submission

Incomplete packets will be returned to you for completion

We cannot accept incomplete submissions. If your special review packet is incomplete we will return it to you with a list of outstanding documents needed. The following items must be submitted in order for the special review packet to be complete:

- Change of Income or Household Conditions Form***
- Supporting Verification(s) of changes reported***

Household Changes

If a household member has moved out, verification of new address is required.

If you would like to add a household member, you will need to use the ***Special Review Packet B Checklist***.

Timelines

- Changes must include supporting documentation and be reported, in writing, within 10 business days of the change occurring.
- Accepted income decreases received by the 10th of the month will take effect the following month
- Accepted income increases will take effect with 30-day notice from Seattle Housing Authority (if reported within 10 business days of the change)

Forms must be signed by all household members 18 years of age or older.



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

Form with fields: 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 am reporting a decrease in household income
I would like to remove a household member
Other:

Employment Attach paystubs or a letter from the employer. Table with columns: Change in pay or new employment, Employment ended. Fields include household member, employer name, phone, fax, address, effective date, stop date, pay rate, hours per week.

Other income Check all applicable boxes, write in details, and attach statements. Includes checkboxes for 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, and Other.

No income Complete this section if an adult in the household does not have any income or receive any contributions. Fields include household member with no income/contributions, start date, and 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** _____