



CHANGE OF INCOME  
or  
HOUSEHOLD CIRCUMSTANCE

**SHA-1110**  
Seattle Housing Authority

Head of household name (Last, First)	Last 4 digits of head of household's SSN:
Address	Primary phone number or email address

Instructions: Complete only the sections that are necessary to tell us how your household income or conditions have changed. Provide a response for all items in the applicable section and attach additional pages if necessary.

What type of change?

- I am reporting an increase in household income     
  I would like to add or remove a household member  
 I am reporting a decrease in household income     
  Other: \_\_\_\_\_

Other Information:

<b>Employment</b> <i>Attach paystubs or a letter from the employer</i>	
Change in pay or hours	Employment began or ended
Household member _____	Household member _____
Employer name _____	Employer name _____
Employer phone _____	Employer phone _____
Employer address _____	Employer address _____
Effective date of the change _____	Stop date _____
Hourly pay rate \$ _____ Hours per week _____	<input type="checkbox"/> Attach confirmation from the employer

<b>Other income</b> <i>Check ALL applicable boxes, write in details, and attach current statement(s) as applicable</i>	
<input type="checkbox"/> Child Support <input type="checkbox"/> DSHS (TANF / Disability Lifeline / Welfare) <input type="checkbox"/> Gifts or contributions <input type="checkbox"/> Labor and Industries (L&I) <input type="checkbox"/> Pension or annuity	<input type="checkbox"/> Social Security or SSI or V.A. benefits <input type="checkbox"/> Trust or retirement disbursements <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Other: _____
Household member _____	Household member _____
Describe change _____	Describe change _____
Amount \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month	Amount \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month
Start date _____ Stop date* _____	Start date _____ Stop date* _____

\*\*If ALL sources of income have stopped for any household member – Please complete the next section titled "Zero Income"

**Zero income** *Complete this section if an adult in the household does not have any income or receive any contributions*

Household member with no income/contributions \_\_\_\_\_ Start date \_\_\_\_\_

Describe income change \_\_\_\_\_

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

Attachments:  Verification of the household member's new address, such as a lease or a utility bill showing the name and address

Name change

Old name \_\_\_\_\_ New name \_\_\_\_\_

Attachments:  Copy of name change court order  
 Social Security number verification with the new name (such as an updated Social Security Letter or Card)

**Other change** *If no other section applies, use this space to explain your household's income/circumstances*

Household member \_\_\_\_\_ Date of change \_\_\_\_\_

Describe change  
and provide details  
if intended to be  
permanent or  
temporary: \_\_\_\_\_

Important: Seattle Housing Authority must receive your written notice of your income and/or household conditions change within 10-business days of the change. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed until adequate documentation of the change has been verified. If changes are reported late (more than 10 business days after the change) or not at all, you could owe Seattle Housing for back rent 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 delayed. 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 \_\_\_\_\_