



Date: _____

Sender's Name (not agency name) _____

Phone: _____

Email: _____

Head of Household: _____ Property Name: _____

Address & Unit Number: _____

Interim 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:

- Report a Change of Income or Household Information Form**
- Supporting Verification(s) of changes reported**

Household Changes

If adding a household member, you will need to use the household addition packet

If head of household is changing, you will need to use the head of household change packet

Timelines

- Changes must include supporting documentation and be reported, in writing, within 10 business days of the change occurring.
- Accepted income decreases received will be effective the 1st of the following month it is submitted to Seattle Housing Authority.
- 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.



Seattle Housing Authority

101 Elliott Ave W, Suite 100
Seattle, WA 98119-4293

206.615.3300
seattlehousing.org

Report a Change of Income

Head of Household _____ Last 4 digits of SSN _____

Email Address _____ Mobile Phone _____

Instructions: Complete only the sections that are necessary to tell us how your household income has changed. Attach supporting documents verifying the change, such as pay stubs, a letter from the employer, or a benefit statement.

Please check the box that best describes the type of change

- Change of Employment (ending or starting a job)
- Change in Pay or Hours
- Other (Please explain) _____

Change of Employment (ending or starting a job): *attach pay stubs or a letter from the employer*

Household Member Name: _____ Last 4 Digits of SSN: _____

Old Employer Name: _____ Last Date Worked: _____

New Employer Name: _____ Date Started: _____

New Employer Address: _____ New Employer Phone: _____

Hours Worked: _____ per: week month Pay Rate: \$ _____ per: hour week month

Change in Pay or Hours: *attach pay stubs or a letter from the employer*

Household Member Name: _____ Last 4 Digits of SSN: _____

Employer Name: _____ Employer Phone: _____

Employer Address: _____ Effective Date of Change: _____

Hours Worked: _____ per: week month Pay Rate: \$ _____ per: hour week month

Other Changes in Income: *attach statements verifying the change*

Household Member Name: _____ Last 4 Digits of SSN: _____

Social Security / SSI benefits VA Benefits DSHS (TANF/General Assistance/SSP) Unemployment Benefits

Child Support Pension or Annuity Labor & Industries Gifts or Contributions Retirement or Trust

Effective Date of Change: _____ **OR** Date Income Ended: _____

Amount: \$ _____ per: hour week month Other: _____

I, (print Head of Household name) _____ authorize Seattle Housing Authority to verify the information provided by me on this form. I understand that if this form is not complete 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 on this form.

Head of Household's signature: _____ Date: _____



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Report a Change in Household Information (Non-Income)

Head of Household _____ Last 4 digits of SSN _____

Email Address _____ Mobile Phone _____

Instructions: Complete only the sections that are necessary to tell us how your household information has changed. Attach supporting documents verifying the change.

Please check the box that best describes the type of change

- Change in Full-Time Student Status
- Change in Childcare Expenses
- Household Composition Changes
- Other: please explain below

Student Status: *attach verification of enrollment*

Household Member: _____ Name of Institution: _____
 Start Date: _____ Stop Date: _____ Credit Hours: _____ per Quarter per Semester

Childcare Expenses: *attach statement from the provider*

Date of Change: _____ Your portion of the payment: \$ _____ per week per month
 Provider Name: _____ Provider Phone Number: _____
 Provider Address: _____

Household Composition: *attach the verification described below*

- Add Household Member:** Name: _____
 *You must also complete the **Request to Add a Household Member** form*
- Remove a Household Member:** Name: _____ Date Moved Out: _____
- Name Change:** Old Name: _____ New Name: _____
Please attach: Copy of Social Security Card Copy of name change court order

Other Change

Household Member Name: _____ Date of Change: _____
 Describe Change: _____

I, (print Head of Household name) _____ authorize Seattle Housing Authority to verify the information provided by me on this form. I understand that if this form is not complete 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 on this form.

Head of Household's signature: _____ **Date:** _____

Upon request, Seattle Housing Authority will provide reasonable accommodations to people with disabilities so they can participate in our programs.