



## 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:** \_\_\_\_\_



Seattle Housing Authority

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

206.615.3300  
seattlehousing.org

## 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:** \_\_\_\_\_