

**Seattle Housing Authority**  
**Human Resources**  
**Personal Information Change Form**

**Please complete only the section(s) that needs to be updated.**

Name (Please print): \_\_\_\_\_

**Deferred Compensation Member Status:**     Inactive     Active     Not A Participant

**Name Change** – Complete only if your name has changed. Please be sure to write your new name the way it appears on your Social Security card.

Former Name: \_\_\_\_\_

New Name: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**NOTE:** Please provide Human Resources a copy of your Social Security card and WA State ID or drivers license showing your new name. If this update is due to a marital status change, please be sure to contact Maria Sahagun at 615-3328. Also, you must complete a W-4 form.

**Address/Home Phone Number Change:**

New Address: \_\_\_\_\_  
 \_\_\_\_\_

New Telephone: \_\_\_\_\_

**Emergency Contact Change:**

<u>Primary</u>	<u>Alternate</u>
Name:	Name:
Relationship:	Relationship:
Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (     )	Telephone: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell (     )
Address:	Address:

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date

**Please forward this form to Human Resources. Thank you.**