



Housing Choice Voucher Program

190 Queen Anne Ave N
PO Box 19028
Seattle, WA 98109

Phone: 206.239.1728
FAX: 206.239.1770
TDD: 1.800.833.6388
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: