



Project-Based Program

THE PORCHLIGHT BUILDING

Address 907 NW Ballard Way, Suite 200
Seattle, WA 98107-4637
Telephone 206-239-1500
Fax 206-239-1770
TTY 1-800-833-6388
Website www.seattlehousing.org

Change of Income or Household Conditions

Please check a box:

- I am reporting an increase in household income I would like to add/remove a household member
 I am reporting a decrease in household income Other (please describe): _____

1. Head of Household Name (Last, First, Middle)	2. Head of Household Social Security Number
3. Address	4. Home Telephone Number

Instructions: Please check all that applies and attach verification where applicable

INCOME CHANGE		Out-of-Pocket EXPENSES	
<input type="checkbox"/> ANNUITIES	<input type="checkbox"/> PENSION	<input type="checkbox"/> CHILDCARE	
<input type="checkbox"/> CHILD SUPPORT	<input type="checkbox"/> SOCIAL SECURITY/SSI	Start date: _____	Stop date: _____
<input type="checkbox"/> DSHS (TANF OR WELFARE)	<input type="checkbox"/> UNEMPLOYMENT BENEFITS	<input type="checkbox"/> MEDICAL	
<input type="checkbox"/> GAU/GAX/GAS	<input type="checkbox"/> V.A. BENEFITS	Start date: _____	Stop date: _____
<input type="checkbox"/> GIFTS	<input type="checkbox"/> Other : _____		
<input type="checkbox"/> L & I			
1) HOUSEHOLD MEMBER NAME	TYPE OF INCOME	START DATE:	
		STOP DATE:	
PAYMENT AMOUNT \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		
2) HOUSEHOLD MEMBER NAME	TYPE OF INCOME	START DATE:	
		STOP DATE:	
PAYMENT AMOUNT \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		

Zero Income (not receiving income at all)
Name of household member with zero income: _____

MUST SIGN & ATTACH A ZERO INCOME AFFIDAVIT FORM (SHA-129 PL)

For Employment Only (for new employment, change of employment & loss of employment)

1) New Employment	1) Former Employer (no longer working here)
Employer Phone/Fax	Employer Phone/Fax
Employer Address	Employer Address
City, State Zip	City, State Zip
Hourly Pay Rate \$	MUST ATTACH LETTER FROM FORMER EMPLOYER OR DOCUMENTATION TO VERIFY LAST DAY WORKED
<input type="checkbox"/> Weekly How many hours? _____ <input type="checkbox"/> Monthly	
2) New Employment	2) Former Employer (no longer working here)
Employer Phone/Fax	Employer Phone/Fax
Employer Address	Employer Address
City, State Zip	City, State Zip
Hourly Pay Rate \$	MUST ATTACH LETTER FROM FORMER EMPLOYER OR DOCUMENTATION TO VERIFY LAST DAY WORKED
<input type="checkbox"/> Weekly How many hours? _____ <input type="checkbox"/> Monthly	

Student Status *Attach verification of enrollment status and financial aid/work-study if applicable*

1) Household member name

 Full time student Part time studentAttach the following: 1: Verification of enrollment status, e.g. current credit hours.
2: Copy of financial aid award letter.
3: Verification of tuition cost.**Household Composition (adding or removing household members)** *See instructions for appropriate attachments*

THIS SECTION DOES NOT APPLY TO MOD REHAB PARTICIPANTS

New household members may not move in until they are approved by both the landlord and by the Seattle Housing Authority. Please check the appropriate box(s) and complete each numbered item listed. **Requesting the addition of an adult to the household:**

1. HUD-9886 Release of Information
2. Request for Addition of Adult and Verification of Suitability form
3. Income and asset verification for the proposed adult
4. Copy of Social Security card and valid picture ID
5. Criminal background check must be provided by the Housing Provider

 Requesting the addition of a minor to the household:

1. Birth certificate or hospital announcement or DSHS medical coupon
2. Copy of Social Security card for children age 6 or older
3. Verification of custody/guardianship if the child is not a newborn
4. If applicable, verification of income and assets for the child

 Removing a member from the household:

1. Provide verification of the household member's new address, such as a lease or a utility bill showing name and address
2. Provide written verification from your landlord acknowledging the person is no longer in your household

Proposed date of change

 Add Remove

Name and Relationship to Head of Household

Date of birth

Social Security No.

Gender Male Female

Race/ Ethnicity

Place of birth

Important: Income and household changes must be reported to your building manager and received by SHA within 10 business days of the change. Income decreases must be received by the 10th of the month in order to adjust your rent for the following month. This form must be accompanied by documentation supporting the change you are reporting.

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 cancelled. I understand that if I report changes late (more than 10 business days after the change) OR not at all I could owe SHA money AND/OR risk losing my housing assistance.

I understand that such verification may include contacting any appropriate employers, governmental agencies or individuals as identified on this form. This authorization is valid for a period of 90 days from the date indicated below.

Sign (Head of Household) _____ Dated _____