

Spokane Housing Authority

Take my photo!



REPORT OF CHANGE OF CIRCUMSTANCES

You can complete a report online at spokanehousing.org
or, PLEASE PRINT AND COMPLETE IN INK

I am currently on a WAITING LIST receiving rental assistance (HCV Voucher/Section 8 HCV)

HEAD OF HOUSEHOLD NAME: _____ Last 4 digits of SS # _____

CURRENT ADDRESS: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Is this a new address or phone number? Yes No

Email: _____

Date the Change Happened: _____

Name(s) of person with change: _____

Requesting a redetermination of rent portion because (**See #1 on Back):

INCOME has Increased Decreased

Employer name: _____ Employer phone: _____

Applied for Unemployment? YES NO

EXPENSES for Childcare Medical have changed. (**See #2 on Back)

HOUSEHOLD Composition is changing. (**See #3 on Back)

Adding Removing Name: _____ DOB: _____

Adding Removing Name: _____ DOB: _____

OTHER change** – describe: _____

DECLARATION OF PREFERENCES (Waiting List ONLY)

Yes or No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is your household a family whose head, co-head, or spouse is a person with disabilities? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your household a family with children or other eligible dependents? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your household a family with a person with disabilities who is not the head, co-head or spouse? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your household a family whose head, co-head, or spouse is at least 62 years of age? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your household a family who has released from an institution or at risk of institutionalization. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your household a family who is homeless or at risk of homelessness? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is your household a family who lives, works, or been hired to work in the SHA jurisdiction served by the waiting list for which you applied? |

****DOCUMENTS NEEDED TO VERIFY YOUR CHANGE are listed on the back, submit within 10 business days.**

YOUR RENT SHARE OR STATUS WILL NOT CHANGE UNTIL WE HAVE VERIFIED THE CHANGE(S) YOU REPORTED.

Head of Household Signature: _____ Date: _____

Warning: Title 18, Section 1001 of the United States Code states that a person is guilty of a FELONY for knowingly and willingly making false or fraudulent statement to any department or agency of the U.S.

Spokane Housing Authority

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NOTE: DOCUMENTS ARE NOT REQUIRED FOR THOSE ON A WAITING LIST.

NEW ADMISSIONS AND THOSE ON THE HCV SECTION 8 PROGRAM OR ANY OTHER PROGRAM MUST SUBMIT ALL REQUIRED DOCUMENTS TO SHA WITHIN 10 BUSINESS DAYS.

* LISTED FORMS ARE AVAILABLE FROM YOUR ELIGIBILITY SPECIALIST TEAM.

ALL DOCUMENTS MUST BE DATED WITHIN 60 DAYS OF SUBMISSION.

#1. Reporting a change of income is not required until your Annual Review, but Households may request a redetermination of their rent portion due to a change of income when it occurs.

Household has NO income from any source: You **must** complete and submit a No Income Certification form*.

Contributions from a 3rd party: You must submit a Contributions form* – be sure both sides are complete.

Income from wages: Please give an Employment Verification form* to the employer(s) to complete. The employer must return the completed form by mail or FAX within 10 business days; OR submit a signed and dated letter from your employer on letterhead showing changes in employment. The letter must have a wage and an average amount of hours worked per week.

Unearned income – submit within 10 business days:

Child Support: Please provide a copy of a printout from Support Enforcement showing payments received for the most recent 6 full months.

Social Security/SSI: Please provide a current-dated copy of the award letter from Social Security.

TANF/GAU: Please provide a copy of the letter from DSHS informing you of the change within 10 business days.

Unemployment: esd.wa.gov/unemployment or 1-800-318-6022

Other: Current-dated verification from the source of the benefit.

#2. If you are reporting a change in expenses:

Childcare: Please give a Childcare Verification form* to the provider(s) to complete. Your provider must return the completed form within 10 business days by mail or FAX; OR submit a signed and dated letter from the provider on letterhead showing the amount of your copayment.

Medical expenses: Please give a Medical Expense Verification form* to the provider(s) to complete. Your provider must return the completed form within 10 business days by mail or by FAX.

#3. If you are requesting to add a family member:

For all new minor household members, you must submit the following within 10 business days:

- A readable copy of their Social Security card and Birth Certificate
- Declaration of Citizenship status*
- Proof of custody (i.e. birth, adoption, or court-awarded custody, receiving benefits for them, etc.)
- Verification of income (see #1 above)

For new adult household members, you must also submit the following:

- Written verification from your landlord that they have been approved for tenancy. **Note: An unauthorized person in the household is reason for termination of assistance. If you do not have approval from your landlord, SHA will not proceed with your request.**
- A completed Assisted Housing Application* listing all members of the household including the new member(s), and signed by all adults listed on page 1 of the application.
- A readable copy of their picture ID and Social Security Card
- Verification of their income (see #1 above)
- Verification of Assets
- Completed New Adult packet*
- All release forms* and certifications* that must be signed by all adults in the household.
- Immigration documents and signed INS Consent Form* (If applicable)

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If you or anyone in your family is a person with disabilities and you require specific accommodation in order to fully utilize our programs and services, please contact the housing authority. Website: www.spokanehousing.org
Phone: (509)328-2953 TTY/TDD: 711 Fax: (509) 327-5246