

Spokane Housing Authority

REPORT OF CHANGE OF CIRCUMSTANCES
PLEASE PRINT AND COMPLETE IN INK

HEAD OF HOUSEHOLD NAME(S): Last 4 SSN

CURRENT COMPLETE ADDRESS:

New Address? YES NO

TELEPHONE #: Email:

New Telephone #? YES NO

I participate in the: HCV Section 8 program HOME Program VASH OTHER

Effective date of change (Date the Change Happened):

Name(s) of person with change:

Check all that apply:

PLEASE CHOOSE ONE:
o Section 8 Participant
o New Admission to Section 8

Our income has changed: (See #1 on Back) Increase Decrease

Started working/changed jobs\*\* Employer name: Employer phone:

Stopped working\*\* Employer name: Employer phone:

Other - specify\*\*

Our expenses have changed: (See #2 on Back)

Childcare\*\*

Medical\*\*

Our household composition is changing: (See #3 on Back)

Requesting to move IN. DOB:

Requesting to move IN. DOB:

Reporting is moving OUT on (Date)

Reporting is moving OUT on (Date)

\*\* See back for documents you must submit.

PLEASE SEE THE BACK OF THIS FORM FOR DOCUMENTS NEEDED TO VERIFY YOUR CHANGE
Verifying document(s) must be submitted within 10 business days.

YOUR RENT SHARE 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**  
**REPORT OF CHANGE OF CIRCUMSTANCES**  
**PLEASE PRINT AND COMPLETE IN INK**

**ALL DOCUMENTS MUST BE DATED WITHIN 30 DAYS OF SUBMISSION.**  
**YOU MUST SUBMIT ALL REQUIRED DOCUMENTS TO SHA WITHIN 10 BUSINESS DAYS.**

**#1. If you are reporting a change in income:**

Household has NO income from any source: You **must** complete and submit a No Income Certification form\*.  
Contributions from a 3<sup>rd</sup> 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. If you have already reported your job and wish to report a change in hours or rate of pay, submit copies of two full months of recent, consecutive paystubs.

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.

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
- Declaration of Citizenship status\*
- Proof of custody (i.e. birth, adoption, or court-awarded custody, receiving benefits for them, etc.)
- Verification of unearned income (see 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
- Verification of their income (see above)
- 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)

\* Listed forms are available from your Eligibility Specialist Team.

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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. Phone (509) 328-293 TTY/TDD 711 Fax (509) 327-5246