

Spokane Housing Authority

REPORT OF CHANGE OF CIRCUMSTANCES

Change in Income and/or Assets, Expenses, Family Name, or Composition

PLEASE PRINT AND COMPLETE IN INK

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

CURRENT ADDRESS: _____	

TELEPHONE #: _____	Message Phone #: _____ email: _____

I participate in the: Voucher program Home Program WFF VASH SPC

Employment change: Yes No If yes, name of person with change: _____

Employer Name _____
Address: _____
Phone number: _____ Fax number: _____

New monthly gross income \$ _____ increase decrease (check one)
[Gross income is your total income before any deductions] (Obtain employment verification form from your Eligibility Specialist)

Other income change: Yes No Examples: Child Support, TANF, Unemployment, Social Security, Lump Sum Payments, etc. If **YES** describe change, family member affected, and submit a recent award letter: _____

Asset Change: Yes No Submit two recent bank statements if available.

If **YES**, what changed? _____

Name on account: _____ Bank _____ Account # _____

Change in Expenses: Yes No Examples: Child Care, Medical Expenses

If **YES**, what changed? _____

Name Change: Yes No **New name:** _____

Requesting change in Family Members: Yes No **Effective date of change:** _____

Please list **name** and **birth** date (DOB) of added or deleted members

Addition? ___ Deletion? ___ Name _____ DOB _____

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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.

Head of Household Signature _____ **Date** _____

For Office Use Only: Action Taken: _____ **No Action Taken:** _____

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