

PUBLIC HOUSING

108 S. Jefferson, Box 000
Spokane, WA 99201
SPOKANE HOUSING AUTHORITY

REPORT OF CHANGE OF CIRCUMSTANCES

NAME: _____ DATE: _____
[Please Print]
SOCIAL SECURITY NUMBER: _____
CURRENT ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
Telephone #: _____ Message Phone #: _____

I understand that I am required to complete and submit this form within 10 working days of any change in my household name, composition, income, or assets. All changes will require that verification(s) be completed within 30 days of the change (indicated below). If I fail to provide notification and verification of the change in the required time frame, the Housing Authority must begin the process to terminate my housing assistance.

[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.]

REPORTED CHANGES:

◆ Name Change Yes No *copy of legal document required

◆ Change in Family Members Yes No

Addition(s) name, date of birth, social security number:

Deletion(s) name, social security number:

◆ Income Change Yes No Type of income: _____

Income Increased Yes No [If Yes, new monthly gross income \$ _____]

Income Decreased Yes No [If Yes, new monthly gross income \$ _____]

[Gross income is your total income before any deductions]

If new monthly income is earned income, complete the following:

Employer: _____

Address: _____ City/State/Code: _____

Telephone: _____ Fax number: _____

Number of hours/week: _____ Rate of pay per hour: _____

What happened to cause this reported change?: _____

Signature: _____ Date: _____

For Office Use Only: Action Taken: _____ Initials: _____ Date: _____