



## Change of Circumstance

<b>Head of Household Name:</b>	<b>Last 4 of Social Security Number:</b>
<b>Phone Number:</b>	<b>Email:</b>

**Instructions:** Complete only the sections that apply to your change; attach supporting documentation.

### Type of Change Being Reported: *(Check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Increase in Household Income   | <input type="checkbox"/> Remove a Household Member |
| <input type="checkbox"/> Decrease in Household Income   | <input type="checkbox"/> Other:                    |
| <input type="checkbox"/> Add a Household Member (You must complete an Add a Member or Add a Minor packet) |  |

### Employment: *(Attach paystubs or letter from employer)*

<input type="checkbox"/> Change in Pay <input type="checkbox"/> New Employment	<input type="checkbox"/> Employment Ended
Household Member:	Household Member:
Employer Name:	Employer Name:
Employer Phone:	Employer Phone:
Employer Fax:	Employer Fax:
Employer Address:	Employer Address:
Effective Date of Change:	Stop Date:
Hourly rate of pay: \$                  Hours per week:	

### Other Income: *(Check all that apply)*

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Child Support          | <input type="checkbox"/> Pension or Annuity            | <input type="checkbox"/> Trust/Retirement Disbursements | <input type="checkbox"/> VA Benefits  |
| <input type="checkbox"/> Gifts or Contributions | <input type="checkbox"/> DSHS Benefits                 | <input type="checkbox"/> Social Security or SSI         | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> L&I Benefits           | <input type="checkbox"/> Short or Long-Term Disability | <input type="checkbox"/> Other:                         |                                       |

Household Member:	Household Member:
Describe Change:	Describe Change:
Amount: \$                  Per: <input type="checkbox"/> Week <input type="checkbox"/> Month	Amount: \$                  Per: <input type="checkbox"/> Week <input type="checkbox"/> Month
Start Date:                  Stop Date:	Start Date:                  Stop Date:

**Child Care Expenses:**

Date of change:	Your portion of the payment: \$	Per: <input type="checkbox"/> Week <input type="checkbox"/> Month
Provider Name:		Provider Phone:
Provider Address:		

**Medical Expenses: (Attach statements)**

Date of change:	Out of Pocket payment: \$	Per: <input type="checkbox"/> Week <input type="checkbox"/> Month
Type of expense:		

**Household Composition (A person cannot be added back to the household without HASCO authorization)**

<input type="checkbox"/> To add someone to your household, complete an Add A Member or Add A Minor packet	
<input type="checkbox"/> Remove a household member(s):	
Household member:	Move out date:
Household member:	Move out date:
Household member:	Move out date:

**Other:**

Household Member(s):	Date of Change:
Describe Change:	

**Disclaimer and Signature**

**Important:** The Housing Authority of Snohomish County must receive your Change of Circumstance form by the 20<sup>th</sup> of the month in order for the change to take effect the following month. If the form is not completed and supporting documentation provided, the review will be delayed. Rent adjustments cannot take place until all necessary information is submitted.

*I certify that the information given above is true and correct to the best of my knowledge and belief. I am aware that misrepresentation or omission of information to the Housing Authority of my family circumstances is cause for termination of my housing assistance.*

Head of Household  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHANGE IN INCOME**  
**VERIFICATION REQUIREMENTS**

When you report a change, you must also provide verification of the change. All verifications must be dated within two months (60 days) of the date you submit them. If documents are too old, we will request that you supply documents with a current date. A rent change will not be completed until all proper verifications have been received.

**CHANGES TO HOUSEHOLD INCOME:**

**Earned Income (employment)**

- Copies of the most recent, two full months of consecutive pay-stubs; or
- **If new employment** - A letter from your employer verifying your start date, rate of pay, hours worked per week/month, any extra compensation including tips, bonuses, or commission and complete contact information for the employer.
- If self-employed, a copy of the most recently filed IRS 1040 form and Schedule C form OR the Self-Employment Statement of Income (request from your Housing Specialist)
- If receiving SSPS income through DSHS, complete the SSPS Employment form (request from your Housing Specialist)
  
- **If employment has decreased** – most recent, 2 full months of pay stubs, a letter from your employer, etc.
- **If employment has stopped** – letter from employer, work stop form, etc.

**Unearned Income**

- TANF award letter
- SS/SSI/SSDI/Survivor's Benefits letter. If you need a new letter you can go online to the SSA website at [www.socialsecurity.gov](http://www.socialsecurity.gov) and print a letter or you can also call 1-800-772-1213.  
**\*\*Note:** If you have deductions out of your SS/SSI income, please call and request a detailed letter explaining what/how much the deductions are.
- Unemployment benefits award letter
- L&I claims
- Pensions or VA benefits, letter with amount and frequency of payment
  
- **If income has decreased or stopped** – a letter from DSHS, SSA, Unemployment, L & I, etc.

**Child support**

- 12-month print-out from OSE; or
- A letter from the parent providing support verifying the amount and frequency of payments, and the address and phone number of the paying parent.
  
- **If child support has decreased or stopped** – a 12-month print-out from OSE or a letter from the parent if providing direct support payments **\*\*note:** it is the policy of the Housing Authority of Snohomish County to determine child support income based on a 2-month average, if you report your child support has stopped; we will reduce only after no payments for 2 months or verification from OSE that the support has ended.



## ZERO INCOME CERTIFICATION

Head of Household: \_\_\_\_\_

Family Member with zero income: \_\_\_\_\_

1. I certify that I do not receive income from any of the following sources

- Wages from employment
- Self-employment or business income
- TANF, GAU, GAX
- Unemployment, L & I
- Social Security payments
- Pensions, retirement funds, annuities
- Child support, alimony
- Interest or dividends from assets
- Gifts (monetary or non-monetary) from anyone outside my household
- Panhandling
- Any other source not listed above

2. I will be using the following sources to pay for rent and other living expenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. I certify that the information provided is true and accurate to the best of my knowledge. I understand that misrepresentation or omission of information to the Housing Authority of my family circumstances or income is cause for termination of my housing assistance.

Signature of family member with zero income: \_\_\_\_\_

Date: \_\_\_\_\_