



CHANGE **OF** CIRCUMSTANCES

| | |
|--------------------------------------|--|
| Head of household name (Last, First) | Last 4 digits of head of household's SSN: |
| Address | Primary phone number and / or email address |

Instructions: Complete only the sections that are necessary to tell us how your household income or conditions have changed. Provide a response for all items in the applicable section and attach additional pages if necessary.

What type of change?

- | | |
|---|---|
| <input type="checkbox"/> I am reporting an increase in household income <input type="checkbox"/> I am reporting a decrease in household income | <input type="checkbox"/> I would like to add or remove a household member <input type="checkbox"/> Other _____ |
|---|---|

Other Information:

| Employment <i>Attach paystubs or a letter from the employer</i> | |
|--|--|
| Change in pay or hours | Employment began or ended |
| Household member _____ | Household member _____ |
| Employer name _____ | Employer name _____ |
| Employer phone _____ | Employer phone _____ |
| Employer address _____ | Employer address _____ |
| Effective date of the change _____ | Stop date _____ |
| Hourly pay rate \$ _____ Hours per week _____ | <input type="checkbox"/> Attach confirmation from the employer |

| Other income <i>Check ALL applicable boxes, write in details, and attach current statement(s) as applicable</i> | |
|---|---|
| <input type="checkbox"/> Child Support <input type="checkbox"/> DSHS (TANF / Disability Lifeline / Welfare) <input type="checkbox"/> Gifts or contributions <input type="checkbox"/> Labor and Industries (L&I) <input type="checkbox"/> Pension or annuity | <input type="checkbox"/> Social Security or SSI or V.A. benefits <input type="checkbox"/> Trust or retirement disbursements <input type="checkbox"/> Unemployment benefits <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* _____ |

****If ALL sources of income have stopped for any household member – Please complete the next section titled "Zero Income"**

Zero income Complete this section if an adult in the household does not have any income or receive any contributions

Household member with no income/contributions _____ Start date _____

Describe income change _____

Student status (18 yrs or older) Attach verification of enrollment status and financial aid

Household member _____ Start date _____ Stop date _____

Tuition cost \$ _____ Per Quarter Semester Financial aid \$ _____ Per Quarter Semester

Household Composition See instructions below for appropriate attachments

If you want to add someone to your household who is over the age of 18 ,they will need to complete a *Section 8 Application to be added to your household. If adding a minor you must provide birth certificate and proof of custody.*

Removing a member from the household

Adding a member from the household

Household member _____ Move out date _____

Attachments: Provide a copy of updated lease

Name change

Old name _____ New name _____

Attachments: Copy of name change court order and;
 Social Security number verification with the new name (such as an updated Social Security Letter or Card)

Other change If no other section applies, use this space to explain your household's income/circumstances

Household member _____ Date of change _____

Describe change and provide details if intended to be permanent or temporary: _____

Important: Housing Authority of Island County must receive your written notice of your income and/or household conditions change within 10-business days of the change. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed until adequate documentation of the change has been verified. If changes are reported late (more than 10 business days after the change) or not at all, you could owe HAIC for back rent and you may risk losing your housing subsidy.

I hereby acknowledge the above 10 Day reporting requirements and certify that I understand these reporting requirements. Further, I understand that **any change reported after the 25th of the month will not be effective until the month following the next month.** For example, changes reported on the 26th of January will not be effective until March 1st.

I, (print head of household's name) _____ hereby authorize the Housing Authority of Island County to verify the information provided by me on this form. I understand that if this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. I understand that such verification may include contacting any appropriate employers, governmental agencies, or individuals identified on this form.

Head of household's signature _____ Date _____



Upon request, Housing Authority of Island County will provide reasonable accommodations to people with disabilities so they can participate in our programs.

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

- **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 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

- 3-month Child Support Statements; or
- A notarized 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** – 3-month Child Support Statements or a notarized letter from the parent if providing direct support payments



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: _____