



Section 8 Office

700 Andover Park W • Tukwila, WA 98188-3326 • www.kcha.org
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OFFICE USE ONLY

Form #: 815D
 HH ID #:
 Unit #:
 Effective Date:

CHANGE IN FAMILY INCOME – DECREASE (LESS)

THINGS TO KNOW BEFORE REPORTING A CHANGE

- **Before the Change Is Processed:**
 - KCHA must receive all documentation and complete all verification **before** a change is processed.
 - **All current household members' incomes must be verified before we can process the change.**
- **When Change Takes Effect:**
 - If you report a change in income on or before the 22nd of the month, the change will be effective the 1st of the following month. Please note that it may take up to 30 days for KCHA to process a change.
- **Your Responsibility:**
 - As the Head of Household, you understand that you are required to report in writing any change in your family composition, or any change in your income, **within 30 days** of when the change occurred. Any misrepresentation of your family's circumstance to the Housing Authority could result in termination of your housing assistance.

THE HOUSING AUTHORITY MAY TAKE UP TO 30 BUSINESS DAYS TO PROCESS AN INTERIM REVIEW

FAMILY CONTACT INFORMATION

Head of Household Name		Date:
Address:	Unit:	Phone:
City/State/ZIP Code:		Email:

SUMMARY OF CURRENT FAMILY INCOME

List the current income for all family members, including the source of income and the gross amount received.

DECREASED INCOME							
Name of Family Member with Decreased Income	Source of Income	Employer Name (If applicable)	New Amount of Income	Check Box			
				If the Gross Amount is per:			
				Hour	Week	Month	Year
OTHER FAMILY INCOME							
Name of Family Member	Source of Income	Employer Name	Current Amount of Income	Hour	Week	Month	Year

CHECK AND PROVIDE DOCUMENTATION FOR YOUR INCOME CHANGE	
LOSS OF EMPLOYMENT	OTHER DECREASE
Provide all documents listed below: <input type="checkbox"/> KCHA 405 – Employment Verification form – employer to fill out (reduced hours, FMLA, L&I) <input type="checkbox"/> Statement from Unemployment/Award letter stating that the member is eligible for benefits <input type="checkbox"/> Current household income verification (SS, DSHS, etc.)	<input type="checkbox"/> Specify Type of Decrease: _____
SOCIAL SECURITY	CHILD SUPPORT
<input type="checkbox"/> Social Security benefit amount changed: Social Security award letter.	Provide all documents listed below: <input type="checkbox"/> Child support stopped or reduced: provide print-out for the last 90 days. <input type="checkbox"/> Written verification (letter) of financial assistance end date.
TANF	UNEMPLOYMENT
<input type="checkbox"/> TANF stopped: letter from DSHS stating when the benefit stopped.	<input type="checkbox"/> Unemployment: letter stating that the member is <u>not</u> eligible for benefits.
SELF EMPLOYMENT	L&I
Provide all documents listed below: <input type="checkbox"/> Last three months' bank statements <input type="checkbox"/> KCHA 454 – Self Employment: fill out form for the last three months <input type="checkbox"/> Proof of Cancellation of Business License	<input type="checkbox"/> L&I benefit ended: letter from ESD (Unemployment) stating when the benefit ended and letter from current employer stating the return to work date.
LEAVE FROM WORK	VA OR PENSION
<input type="checkbox"/> Leave from work: letter from employer stating the leave beginning and end dates and indicating if the leave is paid or unpaid.	<input type="checkbox"/> VA or Pension: benefit letter

I, (Head of Household's name) _____, hereby authorize King County Housing Authority to verify the information I have provided 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 cancelled. I understand that such verification may include contacting any appropriate employers, governmental agencies, or individuals identified on this form.

King County Housing Authority will treat your digital signature on this document as it would treat a handwritten signature. By signing this document electronically, you agree that this document is as legally enforceable as a document signed with your handwritten signature. I certify that the information given above is true and complete.

Head of Household's signature: _____ Date _____

RETURN COMPLETED FORMS TO:

Please email/fax completed packet to your caseworker or mail to:
 Section 8 ATTN: (Your Caseworker)
 700 Andover Park W
 Tukwila, WA 98188