



2900 NE 10<sup>th</sup> St, Renton, WA, 98056-0316  
 PH: (425) 226-1850 FAX: (425) 271-8319

## CHANGE OF CIRCUMSTANCE/INCOME

My housing assistance is (please check one):

- Housing Choice Voucher (Section 8)  
 Project Based Voucher (Section 8)

Name of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

---

Street Address (with unit #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

*All changes reported must be complete, accurate, and reported within the ten (10) day reporting requirement. Failure to provide complete information is failure to report properly. If you have questions regarding this form, please contact your housing representative.*

### THE FOLLOWING CHANGES HAVE TAKEN PLACE IN MY HOUSEHOLD:

Employment Changes
<b>For Household Member:</b>
<input type="checkbox"/> New Employment (Provide a minimum of 2 consecutive paystubs) Start Date: _____ New Employer: _____
<input type="checkbox"/> Loss of Employment (Provide letter from employer or statement from Unemployment) End Date: _____ Prior Employer: _____
<input type="checkbox"/> Wages/Hours Decreased (Provide letter from employer) Start Date: _____
<input type="checkbox"/> Leave from Work (Provide letter from employer stating leave begin and end dates and indicating whether leave is paid or unpaid) Start Date: _____ End Date: _____ Paid or Unpaid? _____
<input type="checkbox"/> Return to Work After Leave (Provide letter from employer stating start work date) Start Date: _____
<input type="checkbox"/> Self-Employment (Provide quarterly profit & loss, current tax return, business license, itemized ledger with receipts)
<input type="checkbox"/> Other (specify): _____

Other Household Income Changes					
For Household Member:					
	Start	Stop	Increase	Decrease	Effective Date
Unemployment (Provide letter of change/eligibility and amount)					
TANF (Provide letter from DSHS of change/eligibility and amount)					
SSA/SSI (Provide letter of change/eligibility and amount)					
VA/Pension					
Child Support (Provide letter of change and amount or written verification) Case #: _____					
Child Care (Provide letter of change and amount or written verification) Provider: _____ Cost: _____ Per: _____					
Financial Contributions (Notarized statement of monthly amount or stop date)					
Other (specify): _____					

**CHANGE OF CIRCUMSTANCE/INCOME**

Change in Family Composition								
Race Codes: 1 Caucasian; 2 African American; 3 Native American; 4 Asian; 5 Pacific Islander; 6 Hispanic								
ADD:			Relation to Head of Household	Age	Sex	Race	Birth Date	Social Security #
Last Name	First Name	MI						

  

REMOVE:			Relation to Head of Household	Age	Sex	Race	Birth Date	Social Security #
Last Name	First Name	MI						

**TENANT CERTIFICATION**

*I certify that the information given to the Renton Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I understand that false statements or information are punishable under federal law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.*

*I do hereby swear and attest that all the information above is true and correct to the best of my knowledge. I also understand that any changes in the household members or income must be reported to the Housing Authority in writing within 10 days. I hereby authorize Renton Housing Authority 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 cancelled. I understand that such verification may include contacting any appropriate employers, governmental agencies, or individuals identified on this form.*

**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 statements to any department or agency of the United States. You can go to jail if you have knowingly provided false or misleading information on this form! False statements or information are grounds for termination of your housing assistance, tenancy, or application.**

\_\_\_\_\_

*Head of Household Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Spouse / Co-Tenant Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Other Household Member Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Other Household Member Signature*

\_\_\_\_\_

*Date*

*If you or anyone in your family is a person with disabilities and require a specific accommodation in order to fully participate in RHA housing programs, including filling out paperwork, participating in appointments, or any other requirements of the programs, please request an accommodation as soon as possible.*

If you have difficulty with reading, writing, or have limited English proficiency please request assistance. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity office at (206) 220-5175; or 1-800-669-9777 (toll free voice number) or 1-800-927-9275 (toll free TDD number).

After verification by the Housing Authority, the information will be submitted to the Department of Housing and Urban Development on form HUD-50058 (tenant data summary), a computer-generated facsimile of the form, or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.