



King County
Housing
Authority

SECTION 8 OFFICE

700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322
PHONE: (206) 214-1300 FAX: (206) 243-5927

OFFICE USE ONLY		<input type="checkbox"/> New Housing
Form #:	815	
Subsidy #:		
Unit #:		
Effective Date:		

CHANGE IN FAMILY SITUATION

HEAD OF HOUSEHOLD NAME: _____

DATE: _____

ADDRESS: _____

UNIT #: _____

CITY/STATE/ZIP: _____

EMAIL: _____

All changes must be received on or before the 22nd of the month to be effective the 1st of the following month.

The following change(s) have taken place (please check all that apply and provide verification):

☐ Removing a family member from the household

NAME OF FAMILY MEMBER	AGE	SEX	RELATION TO HEAD	DATE OF BIRTH	BIRTH PLACE	SOCIAL SECURITY #

Additional information required when removing a family member:

Removing An Adult Member	Removing Minor Member
<ul style="list-style-type: none">Notification from Landlord:<ul style="list-style-type: none">KCHA 814 -Landlord Statement orUpdated LeaseVerification of new address:<ul style="list-style-type: none">Lease, orUtility Bill, orDriver's License	<ul style="list-style-type: none">Notification from Landlord:<ul style="list-style-type: none">KCHA 814 -Landlord Statement

☐ I am requesting to add an additional family member to my household

NAME OF FAMILY MEMBER	AGE	SEX	RELATION TO HEAD	DATE OF BIRTH	BIRTH PLACE	SOCIAL SECURITY #

Additional information required when adding a family member:

Adding Adult Member	Adding a Minor	Adding a Live-In Aide
<ul style="list-style-type: none">KCHA 814 - Landlord StatementKCHA 486 - Authorization for Release FormHUD 52675 - Debts Owed FormKCHA 432 - Declaration of EligibilityKCHA 434 - Non Citizen FormKCHA 417 - Criminal HistoryGovernment Issued Photo IDSocial Security CardProof of relationshipIncome Verification	<ul style="list-style-type: none">KCHA 814 - Landlord StatementKCHA 432 - Declaration of EligibilityKCHA 434 - Non Citizen FormProof of relationshipSocial Security CardIf the parent does not reside in the household, please provide proof of custody.	<ul style="list-style-type: none">KCHA 814 - Landlord StatementKCHA 486 - Authorization for Release FormHUD 52675 - Debts Owed FormKCHA 432 - Declaration of EligibilityKCHA 434 - Non Citizen FormKCHA 12003 - Live-In Aide CertificationKCHA 403 - No Residual RightsKCHA 417 - Criminal HistoryGovernment Issued Photo IDSocial Security Card

I understand that an additional family member **may not** be added to my lease until proper documentation has been submitted and the request has been reviewed and formally approved by the Housing Authority and Landlord.

☐ Increase in household income -All verifications must be received before we can process the increase.

☐ Decrease in household income - All verifications must be received before we can process the decrease.

☐ Increases in childcare expenses or medical (*Complete Childcare Statement-Form 406 or 410C for Medical Expenses Form*)

☐ Other

List below ALL sources of income for ALL members of the household. This includes any new or increased income from current household members or household members who have turned 21 since the last recertification, and new income sources as a result of adding new family member.

NAME OF FAMILY MEMBER	SOURCE OF INCOME	GROSS AMT OF INCOME	IS THE GROSS AMOUNT PER:			
			HOUR	WEEK	MONTH	YEAR

Employer Name: _____Telephone : _____

Employer Address: _____Fax : _____

Employer Email: _____

The Housing Authority reserves the right to process an interim review for a period not to exceed 30 days.

I certify that the information given above is true and complete to the best of my knowledge and belief. I understand that I must report, in writing, any additions in my family composition or income related to this change within 30 days of when the change occurred. I am aware that misrepresentation to the Housing Authority of my family's circumstances is considered fraud and is cause for the termination of my housing assistance.

Head of Household Signature

Phone Number