



KING COUNTY HOUSING AUTHORITY

CHANGE IN FAMILY SITUATION

NAME		DATE	
ADDRESS		UNIT #	
CITY / STATE / ZIP		PROGRAM	

The following changes have taken place in my family composition and/or income:

I am Adding Deleting the following family member(s):

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

I understand that an additional family member may not be added to the lease until the request has been reviewed and formally approved by the Housing Authority and/or Landlord.

List below all sources of income for all members of the household.

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

If Employed, list Employer's Name and Address -

List Employment Dates -

Start Date:	
Termination Date:	

Does any Member of your household receive or expect to receive any of the following types of Income? Check all that apply.

UNEMPLOYMENT BENEFITS	CHILD SUPPORT	STATE INDUSTRIAL
EDUCATIONAL GRANTS	ALIMONY	VETERAN'S BENEFITS
RETIREMENT PENSION	S.S.I.	WORKMAN'S COMP
PUBLIC ASSISTANCE	SOCIAL SECURITY	ANNUITY PAYMENTS

List all assets including Checking, Savings, IRA's, Certificates, Stocks, Bonds, etc.

TYPE OF ASSET	BANK NAME	ACCOUNT #	CURRENT BALANCE	INTEREST RATE

1) Has any member of your family turned 18 years of age since your last review? Yes No