



# 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	<input type="checkbox"/>	CHILD SUPPORT	<input type="checkbox"/>	STATE INDUSTRIAL	<input type="checkbox"/>
EDUCATIONAL GRANTS	<input type="checkbox"/>	ALIMONY	<input type="checkbox"/>	VETERAN'S BENEFITS	<input type="checkbox"/>
RETIREMENT PENSION	<input type="checkbox"/>	S.S.I.	<input type="checkbox"/>	WORKMAN'S COMP	<input type="checkbox"/>
PUBLIC ASSISTANCE	<input type="checkbox"/>	SOCIAL SECURITY	<input type="checkbox"/>	ANNUITY PAYMENTS	<input type="checkbox"/>

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   
 If yes, does that person attend school full time? ..... Yes  No   
 Is this person employed or have any income? ..... Yes  No
- 2) Do you pay Child Care for a family member under thirteen (13) years of age? Yes  No   
 Does the Child Care allow you or another family member, over the age of eighteen (18), to work or to attend school? ..... Yes  No

I certify that the information given above is true and correct to the best of my knowledge and belief. I understand that I must report, in writing, any changes in my family income or composition within ten (10) business 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.

Signature of Head or Spouse

Phone Number