



**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

Form #: 814

Subsidy #:

Tenant #:

Effective Date:

TENANT: _____

Landlord Statement

My name is _____ and I am the landlord of the tenant stated above. I acknowledge that the following changes have occurred in the tenant's residence:

☐ Moved-In	Names: _____	Dates: _____
	_____	_____
	_____	_____
☐ Moved-Out	Names: _____	Dates: _____
	_____	_____
	_____	_____
☐ Newborn Added	Names: _____	Dates: _____
	_____	_____
	_____	_____

Landlord Signature: _____ Date: _____

Print Name: _____ Phone Number: _____