



**King County
Housing
Authority**

Section 8 Office

700 Andover Park W • Seattle, WA 98188-3326 • www.kcha.org
Phone 206-214-1300 • Fax 206-243-5927

OFFICE USE ONLY	
Form #:	815
HH ID #:	
Unit #:	
Effective Date:	

CHANGE IN FAMILY INCOME – INCREASE (MORE)

THINGS TO KNOW BEFORE REPORTING A CHANGE

- **Before the Change Is Processed:**
 - All documentation/verification must be received and completed before a change is processed.
 - **All current household member's income must be verified before we can process the change.**

- **When Change Takes Effect:**
 - Changes in income reported on or before the 22nd of the month are effective the 1st day of the 3rd month after change is reported (for example: a change reported on April 15 would be effective July 1).
 - Contingent upon all supporting verification/documentation paperwork provided.

- **Your Responsibility:**
 - As the head of the Household, you understand that you are required to report in writing any change in your family composition, or any change in your income, within 30 days when the change occurred. Any misrepresentation of your family's circumstance to the Housing Authority could result in termination of your housing assistance.

THE HOUSING AUTHORITY MAY TAKE UP TO 30 DAYS TO PROCESS AN INTERIM REVIEW

FAMILY CONTACT INFORMATION

Head of Household Name:	Date:	
Address:	Unit:	Phone:
City/State/Zip Code:		Email:

SUMMARY OF CURRENT FAMILY INCOME

List the current income for all family members, including the source of income and the gross amount received.

INCREASED INCOME							
Name of Family Member with Increased Income	Source of Income	Employer Name	Gross Amount of Income	Check Box			
				If the Gross Amount is per:			
				Hour	Week	Month	Year

OTHER FAMILY INCOME							
Name of Family Member	Source of Income	Employer Name	Gross Amount of Income	Hour	Week	Month	Year

CHECK AND PROVIDE DOCUMENTATIONS FOR YOUR INCOME CHANGE

NEW OR CHANGE OF EMPLOYMENT	OTHER INCREASE
<input type="checkbox"/> KCHA 405 Employment Verification form <input type="checkbox"/> One completed by former employer <input type="checkbox"/> One completed by new employer <input type="checkbox"/> Paystubs – 2 consecutive (at minimum), if unable to produce KCHA 405 <input type="checkbox"/> List name of former employer and date employment ended below: Name: _____ End Date: _____ <input type="checkbox"/> Name of new employer and date new employment started below: Name: _____ Start Date: _____	<input type="checkbox"/> Financial Gifts <input type="checkbox"/> Notarized statement from the person(s) who assisting you stating how much money they are giving you per month and for how long <input type="checkbox"/> <u>Specify Other Type of Increase:</u> _____
SOCIAL SECURITY	CHILD SUPPORT
<input type="checkbox"/> Social security award letter	<input type="checkbox"/> Provide print out for the last 90 days from DSHS <input type="checkbox"/> Written verification (letter) of financial assistance
TANF	UNEMPLOYMENT
<input type="checkbox"/> Letter from DSHS stating when the benefit changed and the new benefit amount	<input type="checkbox"/> Letter from unemployment stating benefit amount and begin date
SELF EMPLOYMENT	L & I
<input type="checkbox"/> KCHA 454 – Self Employment <input type="checkbox"/> Fill out a separate form for each of the last 3 months <input type="checkbox"/> Business license <input type="checkbox"/> Last 3 months bank statements	<input type="checkbox"/> Letter from unemployment stating when the benefit ended and letter from your current employer stating the return to work date
RETURN TO WORK AFTER LEAVE	VA OR PENSION
<input type="checkbox"/> Letter from employer stating: <input type="checkbox"/> Start work date <input type="checkbox"/> Amount of hours worked per week <input type="checkbox"/> Rate of pay	<input type="checkbox"/> Benefit letter

I, (head of household's name) _____, hereby authorize King County 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.

I certify that the information given above is true and complete.

Head of Household's signature: _____ Date _____

RETURN COMPLETED FORMS TO:

Please Email/Fax completed packet to your caseworker or mail to:
 Section 8, 700 Andover Park W, Tukwila WA 98188
 Attention: (Your Caseworker)



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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 #: 405
HOUSEHOLD ID:
TICKLER #:
EFFECTIVE DATE:

DEAR EMPLOYER:

The below named individual is either an applicant for admission to, or continued occupancy in, one of our housing assistance programs. In order to obtain complete and accurate data regarding income, please supply the following information and return this form to us as promptly as possible. Thank you.

Housing Authority Representative

I hereby authorize my Employer named above, to release any and all information pertaining to the above questions.

Employee / Applicant

Name of Employee: (or Former Employee) _____

Social Security #: _____

Date of Hire: _____

Job Title: _____

If Terminated, give Termination Date: _____

BASIS OF PAY

GROSS Salary or Wages \$ _____
Commission \$ _____
Amt of Tips per week, if any \$ _____

GROSS RATE OF PAY

Per Hour \$ _____
Per Week \$ _____
Per Month \$ _____
Other \$ _____

Estimated hours of Annual Overtime: @ \$ per: (Rate of Overtime Pay) _____

Date employee started receiving Current Rate of Pay: _____

Normal Hours Worked per week: , or Estimated Average Weekly Hours per year: _____

Total Hours Worked in the last Twelve Months: Previous Twelve-Month Employment Income: \$ _____

Is Current Employment: Temporary Permanent Seasonal Part-Time

Likelihood of Continued Employment: Yes No

Hospital or Medical Insurance Deducted from Wages: \$ Per Month. _____

**** This Form Completed By: (Employer Information)****

Company Name: _____ Print Name & Title: _____

Address: _____ Phone Number: _____

City, State, Zip _____ Fax Number: _____

Signature: _____ Email: _____

Date: _____



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FORM #: 454

HOUSEHOLD ID:

TICKLER #:

EFFECTIVE
DATE:

SELF-EMPLOYMENT INCOME REPORT

SECTION A - PERSONAL INFORMATION

Name: _____

BUSINESS LICENSE NUMBER: _____

Address: _____

BUSINESS ADDRESS: _____

Month of Business _____

DATE BUSINESS STARTED: _____

*Attach a copy of your Business License, Business Card, and A

BUSINESS TYPE: Sole Proprietor Partnership LLP LLC (Name _____) Corporation

SECTION B - BUSINESS INCOME

1. GROSS BUSINESS RECEIPTS \$ _____
2. OTHER BUSINESS INCOME (SPECIFY) \$ _____
3. GROSS BUSINESS INCOME (1+2) TOTAL \$ _____

SECTION C - BUSINESS EXPENSES

1. Cost of Products/Supplies (Wholesale Suppliers
1. _____ 2. _____) \$ _____
2. Transportation Expenses: Monthly Payment \$ _____
Maintenance \$ _____
Gas \$ _____
License Fees \$ _____ \$ _____
3. Gross Wages of Employees: Enter total wages before any deductions)
Number of independent contractors _____ \$ _____
4. Taxes for Employees: Enter the total of the employers share of
Unemployment Insurance payments, FICA (social security, etc). \$ _____
5. Business Taxes - Enter the total of
business-related taxes, license, fees, etc. \$ _____
6. Cost of Place of Business (other than your home)
Rent/Lease Space \$ _____
Phone \$ _____
Utilities \$ _____
Taxes (if buying) \$ _____
7. Business Insurance - (Excluding vehicle insurance) (Rent/Liability) \$ _____
8. Interest on Business Debts
(List Loan amount \$ _____ Bank Name: _____
Acct # _____) \$ _____

9. Other Business Expenses: Specify-

_____	\$ _____
_____	\$ _____
_____	\$ _____

10. TOTAL DEDUCTIONS - (Add Lines C1 - C9)

TOTAL \$ _____

11. NET INCOME - (Subtract Line C10 from Line B3)

TOTAL \$ _____

NOTE:

- (1) ONLY EXPENSES WITH RECEIPTS PROVIDED WILL BE CONSIDERED
- (2) ATTACH MOST RECENT STATE/FEDERAL TAX RETURNS (Personal Business)
- (3) ATTACH MOST RECENT BUSINESS AND PERSONAL BANK STATEMENTS

READ CAREFULLY AND SIGN BEFORE RETURNING YOUR REPORT

- (1) I understand that I must verify all income and deductions claimed. I hereby authorize the King County Housing Authority or other persons or agencies to obtain necessary information regarding my income.
- (2) I understand that information given in this report may result in the reduction, suspension or termination of my housing benefits.
- (3) I declare under penalty of perjury that information given in this report is true and correct to the best of my knowledge.

PLEASE PROVIDE YOUR OFFICE A COPY OF YOUR BUSINESS LICENSE WITH DATE YOU APPLIED AND A COPY OF YOUR

OWNER'S SIGNATURE:

DATE: _____

CO-OWNER/PARTNER'S SIGNATURE:

DATE: _____