



**King County
Housing
Authority**

Section 8 Office

700 Andover Park W • Tukwila, WA 98188-3326 • www.kcha.org

Phone 206-214-1300 • Fax 206-243-5927

OFFICE USE ONLY

Form #: 815I

HH ID #:

Unit #:

Effective Date:

CHANGE IN FAMILY INCOME – INCREASE (MORE)

THINGS TO KNOW BEFORE REPORTING A CHANGE

- **Before the Change Is Processed:**
 - KCHA must receive all documentation and complete all verification **before** a change is processed.
 - **All current household members' income must be verified before we can process the change.**

- **When Change Takes Effect:**
 - If you report an increase of income change **within 30 days of the change occurring**, the change will be **effective the 1st day of the 3rd month after** the change occurred.
Example: an income increase that occurred on March 30 and was reported on April 15 would be effective on June 1.
 - If an income increase is NOT reported within 30 days of the change occurring, then the change will be effective the 1st day of the month after the change occurred. In this case you will likely owe retro rent.

- **Your Responsibility:**
 - As the Head of 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** of 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 BUSINESS DAYS TO PROCESS AN INTERIM REVIEW

FAMILY CONTACT INFORMATION

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

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

SUMMARY OF CURRENT FAMILY INCOME

INCREASED INCOME							
Name of Family Member with Increased Income	Source of Income	Employer Name	New 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	Current Amount of Income	Hour	Week	Month	Year

CHECK AND PROVIDE DOCUMENTATION FOR YOUR INCOME CHANGE	
NEW OR CHANGE OF EMPLOYMENT	OTHER INCREASE
<input type="checkbox"/> KCHA 405 Employment Verification form or offer letter <ul style="list-style-type: none"> <input type="checkbox"/> One completed by former employer (if applicable) <ul style="list-style-type: none"> <input type="checkbox"/> One completed by new employer <input type="checkbox"/> Paystubs – at least two consecutive, if you are unable to complete the KCHA 405 <input type="checkbox"/> List name of former employer and date your employment ended below (if applicable): Name: _____ End Date: _____ <input type="checkbox"/> List name of new employer and date your employment started below: Name: _____ Start Date: _____ 	Provide all documents listed below: <ul style="list-style-type: none"> <input type="checkbox"/> Financial Gifts <ul style="list-style-type: none"> <input type="checkbox"/> Notarized statement from the person(s) 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	Provide all documents listed below: <ul style="list-style-type: none"> <input type="checkbox"/> Print-out for the last 90 days from DSHS <input type="checkbox"/> Written verification (letter) of financial assistance (only if there is no court order)
TANF	UNEMPLOYMENT
<input type="checkbox"/> Letter from DSHS stating when the benefit changed and the new benefit amount	<input type="checkbox"/> Letter from ESD (Unemployment) stating benefit amount and begin date
SELF EMPLOYMENT	L&I
Provide all documents listed below: <ul style="list-style-type: none"> <input type="checkbox"/> KCHA 454 – Self Employment <ul style="list-style-type: none"> <input type="checkbox"/> Fill out a separate form for each of the last three months <input type="checkbox"/> Business license <input type="checkbox"/> Last three months' bank statements 	<input type="checkbox"/> Letter from ESD (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: <ul style="list-style-type: none"> • Start work date • Amount of hours worked per week • Rate of pay 	<input type="checkbox"/> Benefit letter

I, (Head of Household's name) _____, hereby authorize King County Housing Authority to verify the information I have provided 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.

King County Housing Authority will treat your digital signature on this document as it would treat a handwritten signature. By signing this document electronically, you agree that this document is as legally enforceable as a document signed with your handwritten signature. 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 ATTN: (Your Caseworker)
 700 Andover Park W
 Tukwila, WA 98188-3326