

Section 8 Office

700 Andover Park W • Tukwila, WA 98188-3326 • <u>www.kcha.org</u> Phone 206-214-1300 • Fax 206-243-5927 OFFICE USE ONLY FORM #: 815C

HH ID #: UNIT #:

EFFECTIVE DATE:

CHANGE IN FAMILY COMPOSITION – ADDING OR REMOVING MEMBERS

THINGS TO KNOW BEFORE REPORTING A CHANGE

- Before the Change Is Processed:
 - o KCHA must receive all documentation and complete all verification before a change is processed.
 - Additional family member may not be added to the lease until approved by KCHA and landlord. It may take more than 30 days to add an adult.
- 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: Address: Unit: Phone: City/State/ZIP Code: Email:

SUMMARY OF FAMILY COMPOSITION CHANGE

Please list the names of the family members who are being added or removed.

Race Codes: 1 Caucasian; 2 African American; 3 Native American; 4 Asian; 5 Pacific Islander; 6 Hispanic

ADD										
Last Name	First Name	MI	Relation to Head of Household		Sex	Race	Birth Date	Birth Place	Social Security	
REMOVE					1 1	a.	5			
	7 V L					41	B1 44	D1 41		
Last Name	First Name	МІ	Relation to Head of Household	Age	Sex	Race	Birth Date	Birth Place	Social Security	
		MI		Age	Sex	Race			Social Security	
		MI		Age	Sex	Race			Social Security	
		MI		Age	Sex	Race			Social Security	
		MI		Age	Sex	Race			Social Security	

SUMMARY OF CURRENT FAMILY INCOME

<u>List the current income for all family members</u>, including the source of income and the gross amount received. Please include all family members you're adding on this form.

		Employer Name		Gross Amount of	Check Box if the Gross Amount is per:							
Name of Family Member	Source of Income			Income	Hour	Week	Month	Year				
_												
CHECK	AND PROVIDE AL	L DOCU	MENTAT	ION FOR YOUR C	HANG	3E						
ADD	ING A MINOR			REMOVING A	MINO	R						
Please provide all docume												
☐ Copy of the child's birt		ody papers										
□ Copy of the child's Soc	vices letter (if applicable)											
	the child, such as child su	upport.		B14 Landlord Statement o		•						
	F, Social Security benefit, etc.			ng the member has been								
	tement or a letter from y		☐ Curren	it household income (DSF rt. etc.)	15, 5006	ai secu	rity, cr	iliu				
_	ild has been added to the	lease	зарро	τ, στοι,								
	□ KCHA 432 Declaration of Eligibility□ KCHA 434 Non-Citizen form (if applicable)											
	le) – copy of front and bad	ck of card										
	N ADULT MEMBER	REMOVING AN ADULT MEMBER										
Please provide all docume	nts listed:											
☐ Copy of their ID and So	ocial Security card											
☐ Proof of relationship	/·C											
☐ Birth Certificate (if applicable)												
☐ Marriage Certificate for spouse (if applicable) ☐ KCHA 486 Authorization for Release form (18+ must sign)												
				 ☐ KCHA 814 Landlord Statement or a copy of the lease showing the member has been removed from the lease ☐ Verification of the member's new address such as a copy of their lease, utility bill, or driver's license 								
	_ · · · ·											
	☐ USCIS card or I-94 (if applicable) – copy of front and back of											
card KCHA 417 Criminal History (new member(s) and Head of				e/separation papers – if r			ouse					
Household must sign)	tory (new member(s) and											
☐ KCHA 857 Statement o												
☐ H52675 Debt Owed (ne												
I	t Verification, paystubs, S											
etc.	, unemployment benefit,	pension,										
			JI.			-	-					
I, (Head of Household's	name) nformation I have provide	1		, hereby authorize	King Co	unty H	ousing	;				
and/or supporting docu	nformation i nave provide mentation is not attached	a on this forr	n. I understa may be canc	ind that if this form is not alled. Lunderstand that s	comple uch ver	etely fil	ilea ou	it,				
	ippropriate employers, go						may					
	thority will treat your digi s document electronically						ument					
	ritten signature. I certify t											
	•	-	-	·								
Head of Household's sig	nature:			ח	ate							

RETURN COMPLETED FORMS TO:

Please email/fax completed packet to <u>your caseworker</u> or mail to:
Section 8 ATTN: (Your Caseworker)
700 Andover Park W
Tukwila, WA 98188-3326