



King County Housing Authority

CENTRAL APPLICATION PROCESSING CENTER
20126 Ballinger Way NE, PMB 151
Shoreline WA 98155-1290
Phone (206) 574-1248 Fax (206) 574-1241
Email CentralApplications@kcha.org

SUBSIDIZED HOUSING APPLICANT CHANGE FORM

Complete this form and mail it to the address above or drop it off at any KCHA Management Office.

APPLICANT NAME: _____

MAILING ADDRESS: _____ APT#: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ LAST 4 OF SSN#: _____

Is this a new address? ☐ Yes ☐ No

The following changes have taken place in my family (only complete the sections that apply to your situation):

A - CHANGE IN PHONE NUMBER/EMAIL ADDRESS

New Phone Number: _____

New Email Address: _____

B - REMOVING MEMBER(S) FROM THE HOUSEHOLD

Note: Removing member(s) may change the number of bedrooms your household qualifies for.

Last Name	First Name	MI	Age
Social Security Number	Relation to Head of Household	Sex (M/F)	Date of Birth
Last Name	First Name	MI	Age
Social Security Number	Relation to Head of Household	Sex (M/F)	Date of Birth
Last Name	First Name	MI	Age
Social Security Number	Relation to Head of Household	Sex (M/F)	Date of Birth

C - ADDING NEW FAMILY MEMBER(S) TO THE HOUSEHOLD

Note: Adding member(s) may change the number of bedrooms your household qualifies for.

Last Name	First Name	MI	Age
Social Security Number	Country of Birth	Sex (M/F)	Date of Birth
Relation to Head of Household	US Military Veteran <input type="checkbox"/> YES <input type="checkbox"/> NO	Disabled <input type="checkbox"/> YES <input type="checkbox"/> NO	
Race: Select all that apply <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian		Ethnicity: Select one <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	

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Social Security Number	Country of Birth	Sex (M/F)	Date of Birth
Relation to Head of Household	US Military Veteran <input type="checkbox"/> YES <input type="checkbox"/> NO	Disabled <input type="checkbox"/> YES <input type="checkbox"/> NO	
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Race: Select all that apply <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian		Ethnicity: Select one <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	

D - OTHER CHANGES (Income, Name, Etc.)

E - CHANGE IN FAMILY SITUATION/PREFERENCES:

If you didn't previously qualify for a preference, but now qualify, your file will get a new application date to reflect the date of the new preference.

- ☐ Are you currently homeless?
- ☐ Do you currently pay more than 50% of your income for rent and utilities?
- ☐ Are you a victim of domestic violence or a hate crime, have you been displaced by disaster or government action, or do you live in an inaccessible unit?
- ☐ Do you currently live in a dilapidated home or in a home without plumbing, toilet, tub/shower, kitchen, or electricity, etc.?
- ☐ Is your income extremely low (see chart below)?

For all properties **except** Casa Madrona, refer to the King County income limit. Casa Madrona is in Thurston County and has different income limits.

Annual Income Limit		
Household Members	King County	Casa Madrona
1	\$31,650	\$23,700
2	\$36,200	\$27,050
3	\$40,700	\$30,450
4	\$45,200	\$33,800
5	\$48,850	-
6	\$52,450	-
7	\$56,050	-
8	\$59,700	-
9	\$63,300	-
10	\$66,900	-

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 composition. 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 application.

Signature of Head of Household or Spouse

Date