King County Housing Authority

CENTRAL APPLICATION PROCESSING CENTER
600 Andover Park W, Tukwila, WA 98188
Phone (206) 574-1248 Fax (206) 826-9361
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<br>□ YES<br>□ NO | Disabled<br>□ YES<br>□ NO | |
| Race: Select all that apply<br><br>□ Caucasian<br>□ Native American<br>□ Hawaiian/Pacific Islander<br>□ Black/African American<br>□ Asian | | Ethnicity: Select one<br><br>□ Hispanic/Latino<br>□ Non-Hispanic/Latino | |

| 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<br>□ YES<br>□ NO | Disabled<br>□ YES<br>□ NO | |
| Race: Select all that apply<br><br>□ Caucasian<br>□ Native American<br>□ Hawaiian/Pacific Islander<br>□ Black/African American<br>□ Asian | | Ethnicity: Select one<br><br>□ Hispanic/Latino<br>□ Non-Hispanic/Latino | |

| 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<br>□ YES<br>□ NO | Disabled<br>□ YES<br>□ NO | |
| Race: Select all that apply<br><br>□ Caucasian<br>□ Native American<br>□ Hawaiian/Pacific Islander<br>□ Black/African American<br>□ Asian | | Ethnicity: Select one<br><br>□ Hispanic/Latino<br>□ 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** | $33,050 | $24,500 |
| **2** | $37,750 | $28,000 |
| **3** | $42,450 | $31,500 |
| **4** | $47,150 | $35,000 |
| **5** | $50,950 | - |
| **6** | $54,700 | - |
| **7** | $58,500 | - |
| **8** | $62,250 | - |
| **9** | $66,050 | - |
| **10** | $69,800 | - |

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