



1555 S Methow St. • Wenatchee, WA 98801-9417 • (509) 663-7421 TDD Equipped • Fax (509) 663-4761
Office hours: Monday - Thursday (except Holidays) from 9:00 am to 5:30 pm (Closed Fridays)

CHANGE OF CIRCUMSTANCES FORM

What program(s) are you on? Section 8 VASH FSS Housing Authority owned property Homeownership

Name: _____ Date: _____

Physical Address: _____

Email Address: _____ Phone #: _____

If you need assistance completing this form, please contact the office to make an appointment. If you need an interpreter, one will be provided at no cost to you.

Please note that it can take 30 days or longer to process changes in household circumstances. We will contact you if additional information is required. All changes must be reported within 10 days in writing after the change occurs.

Complete ONLY the section(s) that are changing for your household and ATTACH SUPPORTING DOCUMENTS

INCOME CHANGES (Wages, Unemployment, TANF, Social Security, SSI, Child Support, Pension, etc.) **ATTACH SUPPORTING DOCUMENTS**

Please check the appropriate type of change(s) AND complete the information requested in this section.

- New Job Receiving Unemployment Receiving TANF Receiving Child Support
 Increase in Pay Unemployment Stopped TANF Decreased/Stopped Child Support Decreased/Stopped
 Decrease in Pay Attending College Received Gift/Inheritance Other: _____
 Lost Job

Regardless if you're reporting an increase or decrease in your income, you MUST continue to pay your current rent portion until you have been notified in writing by our agency of a change. You will receive a 30 day notice if you will have a rent increase.

Name of Person Receiving/Losing Income/ Attending College, etc.	Gross Monthly Income	Name of Company from new or lost job or Type of Income	Address of Company or Agency or College, etc.	Phone Number (Include area code)
	\$			
	\$			
	\$			

CHILDCARE / MEDICAL EXPENSE CHANGES **ATTACH SUPPORTING DOCUMENTS**

Please check the appropriate type of change AND complete the information requested in this section.

- Increased Childcare Cost Increased Medical Expenses (if disabled or senior- age 62 & older)
 Decreased Childcare Cost Decreased Medical Expenses (if disabled or senior- age 62 and older)
 Other: _____

Cost Per Month	Name of Childcare Provider or Medical Company	Complete Address (Include city, state, ZIP)	Phone Number (Include area code)
\$			
\$			

CHANGE IN ASSETS**ATTACH SUPPORTING DOCUMENTS**

Please check the appropriate type of change AND complete the information requested in this section.

- Closed Bank Account New Bank Account Increased / Decreased Interest Income
- Other (please specify): _____

Name(s) of Account Holder(s)	Full Account Number	Name of Bank or Financial Institution	Account Balance	Phone Number (Include area code)
			\$	
			\$	
			\$	

FAMILY MEMBER STATUS CHANGES**ATTACH SUPPORTING DOCUMENTS**

Please check the appropriate type of change AND complete the information requested in this section.

- Child turned 18 (still in school) Child turned 18 (NOT in school) Child Working
- Disabled No Longer Disabled Other: _____
- Delete a Household Member *Add a Household Member

*Adding a new adult (18+) to the household REQUIRES preauthorization from the rental owner/manager and Housing caseworker to add an adult to the household and cannot be added to your lease or move in until an appointment with a caseworker has occurred and proper documents have been submitted and is formally approved by the Housing Authority. At the appointment the applicant must provide this completed form, Social Security card, Picture ID, Birth Certificate and proof of all income and current bank statement for all open accounts with full account numbers provided (the Head of Household must accompany the applicant to the appointment).

ADULT(S) (name as it appears on Social Security Card)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD	PLACE OF BIRTH	SINGLE, MARRIED, WIDOWED, SEPARATED, DIVORCED
1.					
2.					

CHILD(REN) (name as it appears on Social Security Card)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD	PLACE OF BIRTH	SCHOOL NAME
1.					
2.					

Please insert an additional page if you need more space to report any additional information

CERTIFICATION STATEMENT

I understand that it may take 30 days or longer to process a change in household circumstances and that information received after the 20th of the month may be delayed an additional 30 days. Incomplete documentation will cause additional delays. I certify that the information given above is true and correct to the best of my knowledge and belief. I am aware that misrepresentation or omission of information to the Housing Authority of my family circumstances is considered fraud and is cause for the termination of my housing assistance.

Signature of Head of Household_____
Date***“This institution is an equal opportunity provider and employer”*****For office use only:**

T# _____

Verifications Sent _____ Date _____

Change? Yes _____ No _____