



1555 S Methow St. • Wenatchee, WA 98801-9417 • Phone (509) 663-7421 • Fax (509) 663-4761

Office hours: Monday - Thursday (except Holidays) from 9:00 am to 5:30 pm (Closed Fridays)

CHANGE OF CIRCUMSTANCES FORM

Head of Household Name:	Last 4 of Social Security Number:
Phone Number:	Email:

WHAT TYPE OF CHANGE(S) ARE YOU REPORTING?

Please check the appropriate type of change(s):

- Increase in Household Income Add a Household Member
 Decrease in Household Income Remove a Household Member Other: _____

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

EMPLOYMENT: ATTACH SUPPORTING DOCUMENTS

<input type="checkbox"/> Change in Pay <input type="checkbox"/> New Employment	<input type="checkbox"/> Employment ended
Household Member:	Household Member:
Employer Name:	Employer Name:
Employer Phone:	Employer Phone:
Start Date:	Stop Date:
Hourly rate of pay: \$ Hours per week:	

OTHER INCOME (Check all changes that apply): ATTACH SUPPORTING DOCUMENTS

- Child Support Unemployment L&I Benefits Social Security or SSI
 VA Benefits Gifts or Contributions TANF Benefits Other: _____

Household Member:	Household Member:
Describe change:	Describe change:
Amount: \$ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month	Amount: \$ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month
Start Date: Stop Date:	Start Date: Stop Date:

CHILD CARE EXPENSES: ATTACH SUPPORTING DOCUMENTS

- Increase to Child Care Expense Decrease to Child Care Expense

Date of Change:	Your portion of the payment: \$	Per: <input type="checkbox"/> Week <input type="checkbox"/> Month
Provider Name:	Provider Phone:	
Provider Address:		

BE SURE TO COMPLETE BOTH PAGES OF THIS FORM

MEDICAL EXPENSES (Only for disabled/elderly households):**ATTACH SUPPORTING DOCUMENTS** Increase to Out-of-Pocket Medical Expense Decrease to Out-of-Pocket Medical Expense

Date of Change:

Out of pocket payment: \$

Per: Week Month

Describe the Medical Expense change:

STUDENT STATUS (18+): Household member turned 18 & is still in school. Household member turned 18 & is NOT in school. Household members' student status has changed. Explain: _____**If applicable, attach a verification of enrollment status and Financial Aid Award Letter.**

Household Member:

Name of School (if applicable):

HOUSEHOLD COMPOSITION: Delete a Household Member Household Member Name: _____ Move out Date: _____ 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 will complete application forms and must provide Social Security card, Picture ID, 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 and 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 and repayment of rental assistance that I was not entitled to receive.

Signature of Person Completing Form_____
Date***“This institution is an equal opportunity provider and employer”*****BE SURE TO COMPLETE BOTH PAGES OF THIS FORM**