

### CHANGE OF INCOME OR HOUSEHOLD CIRCUMSTANCE

Instructions: Complete only the sections that are necessary to tell us how your household income or conditions have changed. Provide a response for all items in the applicable section and attach additional pages if necessary.

Head of Household (First & Last Name)	Home Phone/Cell Phone:
Address	Email:

**TYPE OF CHANGE?**

- I am reporting an increase in household income    
  I would like to add or remove a household member  
 I am reporting a decrease in household income    
  Other:

**EMPLOYMENT: Attach paystubs or a letter from the employer.**

Change in Pay or Hours	Employment Began or Ended
Household Member _____	Household Member _____
Employer Name _____	Employer Name _____
Employer Phone _____	Employer Phone _____
Employer Address _____	Employer Address _____
Effective date of change _____	Stop Date _____
Hourly pay rate\$                      Hours per Week	<input type="checkbox"/> Attach confirmation from the employer

**OTHER INCOME: Check ALL applicable boxes, write in details, and attach current statement(s) as applicable.**

<input type="checkbox"/> Child Support <input type="checkbox"/> DSHS (TANF/Disability/Welfare) <input type="checkbox"/> Gifts or Contributions <input type="checkbox"/> Labor and Industries (L&I) <input type="checkbox"/> Pension or Annuity	<input type="checkbox"/> Social Security or SSI or VA Benefits <input type="checkbox"/> Trust of Retirement Disbursements <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Other:
Household Member: _____	Household Member: _____
Describe Change * _____	Describe Change * _____
Amount \$ _____ Per: Week or Month?	Amount \$ _____ Per: Week or Month?
Start Date _____ Stop Date _____	Start Date _____ Stop Date _____

**\*If ALL sources of income have stopped for any household member - Please complete the next section titled "Zero Income"**

**ZERO INCOME:** *Complete this section if an adult in the household does not have any income or receive any contributions.*

Household Member: \_\_\_\_\_ Start Date: \_\_\_\_\_

Describe change:

**STUDENT STATUS (ADULTS):** *Attach verification of enrollment status and financial aid.*

Household Member: \_\_\_\_\_ Start Date: \_\_\_\_\_

Financial Aid \$ \_\_\_\_\_ Tuition Cost \$ \_\_\_\_\_ Per: Quarter or Semester?

**HOUSEHOLD COMPOSITION:** *See instructions below for appropriate attachments.*

Removing a member from the household:  
Household Member: \_\_\_\_\_ Move Out Date \_\_\_\_\_  
 Attach verification of household member's new address, such as a lease or utility bill showing name/address

Name Change:  
Old Name: \_\_\_\_\_ New Name: \_\_\_\_\_  
 Attach Copy of name change court order  
 Attach Social Security number verification with the new name (New card or Social Security Letter)

**OTHER CHANGE:** *If no other section applies, use this space to explain your household's income/circumstances.*

Household Member: \_\_\_\_\_ Date of Change \_\_\_\_\_  
*Describe change and provide details if intended to be permanent or temporary.*

**IMPORTANT:** The Housing Authority of Okanogan County must receive your written notice of your income and/or household change within 10-business days of the change. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed until adequate documentation of the change has been verified. If changes are reported late (more than 10-business days after the change) or not at all, you may be responsible for back rent and you could risk losing your housing subsidy.

I, (print head of household's name) \_\_\_\_\_, hereby authorize the Housing Authority of Okanogan County to verify the information provided by me on this form. I understand if this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. I understand such verification may include contacting any appropriate employers, governmental agencies, or individuals identified on this form.

Head of Household's Signature: \_\_\_\_\_ Date: \_\_\_\_\_