

PO Box 2316 Renton, WA 98056-0316

Change of Circumstance

My housing assistance is (please check one)

Housing Choice Voucher (Section 8)

☐ Project Based

PH: 425-226-1850 FAX: 425-271-8319					
All changes reported must be complete, accurate and reported with information is failure to report properly. If you have questions regard	in the ten (10) day reporting requirement. Failure to provide complete rding this form, please contact your housing representative.				
Head of Household Name:	Client #:				
Last 4 of Social Security #: XXX-XX	Email Address:				
Mobile Phone #:	Other Contact #:				
Complete Mailing Address:					
THE FOLLOWING CHANGES HAVE TAKEN PLACE IN MY HOUSEHOLD:					
All Income decrease requests must be submitted by the 10 th o ollowing month. (i.e. If submitted by July 10 th – rent adjustm					
CHECK AND PROVIDE DOCUMENTATION FOR YOUR INCOME CHANGE					
☐ INCOME INCREASE:	☐ INCOME DECREASE:				

Household Member: Household Member: Date of Change: Date of Change: Reason for increase: Reason for decrease: □ NEW EMPLOYMENT: □ LOSS OF EMPLOYMENT Paystubs – 2 consecutive (at minimum) Letter from Employer showing reduced List name of former employer and date hours, FMLA, L&I, date of termination, etc. employment ended below: Statement from Unemployment/Award letter stating that the member is eligible for benefits o Current household income verification (SS, DSHS, etc.) ☐ Name of NEW Employer and Date new employment ☐ Name of OLD Employer and Date employment ended started below: below: Name: **Start Date:** Name: **End Date:** ☐ **RETURN TO WORK AFTER LEAVE:** Letter from ☐ LEAVE FROM WORK: employer stating: Letter from employer stating the leave Start work date beginning date and end dates and indicating Paystubs - Amount of hours worked per week if the leave is paid or unpaid o Rate of pay ☐ FINANCIAL CONTRIBUTIONS: ☐ FINANCIAL CONTRIBUTIONS: Notarized Statement from the person(s) Notarized Statement from the person(s) no assisting you stating how much money they longer assisting including date assistance are giving you per month and for how long ended. ☐ **SOCIAL SECURITY:** Social Security Award Letter ☐ **SOCIAL SECURITY**: Social Security Award Letter benefit amount change ☐ **TANF**: - Letter from DSHS stating when the benefit ☐ **TANF:** - Letter from DSHS stating when the benefit changed and the new benefit amount changed and the new benefit amount/when stopped.

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		Cl	nange of Circumstance – Renton Housing Authority
	CHILD SUPPORT:		CHILD SUPPORT:
	 Provide print out for the 90 days from DSHS 		 Provide print out for last 90 days
	 OR written verification (letter) of financial 		 Written verification (letter) of financial
	assistance		assistance end date
	UNEMPLOYMENT: Letter from unemployment		UNEMPLOYMENT: Letter from unemployment
	stating benefit amount and begin date		stating member is not eligible for benefits
	VA or PENSION: Benefit Letter		VA or PENSION: Benefit Letter
	SELF EMPLOYMENT:		SELF EMPLOYMENT:
	 Quarterly Profit & Loss Statement 		 Quarterly Profit & Loss Statement
	 Current Tax Return 		 Proof of Cancellation of Business License
	 Business License 		 Last 3 months bank statement of Business
	 Itemized Ledger w/ receipts for expenses 		Account
	L & I: Letter from unemployment stating when the		L & I: Letter from unemployment stating when the
	benefit ended and letter from your current employer		benefit ended and letter from current employer
	stating the return to work date		stating the return to work date
	Specify Other Type of Increase:		Specify Other Type of Decrease:
	TENANT CERTI	FIC	ATION
fami I/We	e certify that the information given to the City of Renton Hily assets, and allowances and deductions is accurate an understand that false statements or information are punements or information are grounds for termination of house	d co isha	mplete to the best of my/our knowledge and belief. ble under federal law. I/We also understand that false

Warning! Title 18 Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. You can go to jail if you have knowingly provided false or misleading information on this form! False statements or information are grounds for termination of your housing assistance, tenancy, or application.

I do hereby swear and attest that all the information above is true and correct to the best of my knowledge. I also understand that any changes in the household members or income must be reported to the Housing Authority in writing within 10 days.

Head of Household Signature	Date
Spouse / Co-tenant Signature	. Date
Other Household Member Signature	Date
Other Household Member Signature	Date

If you or anyone in your family is a person with disabilities and require a specific accommodation in order to fully participate in RHA housing programs, including filling out paperwork, participating in appointments, or any other requirements of the programs, please request an accommodation as soon as possible.

If you have difficulty with reading, writing, or have limited English proficiency please request assistance. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity office at (206) 220-5175; or 1-800-669-9777 (toll free voice number) or 1-800-927-9275 (toll free TDD number).

After verification by the Housing Authority, the information will be submitted to the Department of Housing and Urban Development on form HUD-50058 (tenant data summary), a computer-generated facsimile of the form, or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.