Date Received:



Change of Circumstance

My housing assistance is (please check one)

EXECUTIVE DIRECTOR
Ashley Lommers-Johnson

My housing assistance is (please check one)

Description Section 8 Description Public Housing

e to report properly. If you have presentative.						
Social Security #:						
contact #:						
Complete mailing address (including zip code):						
PLACE IN MY HOUSEHOLD:						
attach documents supporting the						
sehold member:						
sehold member:						
Request to remove member of household Explanation:						
Request to add household member- For persons 17 years and younger we need Social Security card and birth certificate. 18 years and older must fill out application and return it to the Colby office and wait for EHA approval before moving into the household.						
City/State:						
Other- Date of change: Explanation						

PLEASE HAVE ALL ADULT HOUSEHOLD MEMBERS SIGN THE BACK OF THIS FORM AND ALL ATTACHED FORMS.



TENANT CERTIFICATION

I/We certify that the information given to the City of Everett Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

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 EHA 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.



Authorization for Release of Information

COMMISSIONERS Maddy Metzger-Utt John Mierke George Perez, Jr. Michele Rastovich Lyle Ryan **Todd Taylor**

I authorize and direct any Federal, State, or local agency and any organization, business or individual to release to the Everett Housing Authority any information or materials needed to complete and verify my application for participation in, and/or maintain my continued assistance under a subsidized housing program.

Information covered: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

- IDENTITY AND MARITAL STATUS
- CREDIT AND CRIMINAL ACTIVITY
- EMPLOYMENT INCOME
- MEDICAL OR CHILD CARE ALLOWANCE
- RESIDENCES AND RENTAL ACTIVITY
- INCOME FROM ANY SOURCE
- ASSETS OF ANY KIND, INCLUDING ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for, and continued participation in a housing assistance program.

Groups or Individuals That May be Asked

- LANDLORDS AND UTILITY COMPANIES
- **COURTS AND POST OFFICES**
- SCHOOLS AND COLLEGES
- LAW ENFORCEMENT AGENCIES
- SUPPORT/ALIMONY PROVIDERS
- VETERANS ADMINISTRATION
- BANKS AND FINANCIAL INSTITUTIONS
- PAST AND PRESENT EMPLOYERS
- WELFARE AGENCIES
- STATE UNEMPLOYMENT AGENCIES
- SOCIAL SECURITY ADMINISTRATION
- MEDICAL AND CHILD CARE PROVIDERS
- RETIREMENT SYSTEMS
- PAYEES, TRUSTEES

"Title" 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification for is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C 208 (f) (g) and (h).

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for one year and one month from the date signed.

Signature of Head of Household	Print Name	Date
Signature of Co- Head or Spouse	Print Name	Date
Signature of Adult Member	Print Name	Date

Signature of Adult Member	Print Name	Date
Signature of Adult Member	Print Name	Date
Signature of Adult Member	Print Name	Date
Signature of Adult Member	Print Name	Date

Employment Information Sheet

New job, quit or left job for any reason, change in pay, position etc.
PLEASE PROVIDE FULL MAILING ADDRESS FOR EMPLOYERS

Client Information						
Name:						
Social Security Number:						
Current Job	☐ New Job	☐ Employment Ended	☐ Change in Pay or Work Hours			
		Employer Information				
Employer and/or 0	Company Name:					
Supervisor/Cor	ntact Person:					
Employer Address:						
Employer City	, State, Zip:					
Employer Pho	ne Number:		Fax Number:			
Date Started Working or Date Employment Ended:						
Pay:		\$ • Per Hour	☐ Per Month			
		Hours Worked Per Week:				
		Client Information				
Name:						
Social Security Number:						
Current Job	☐ New Job	☐ Employment Ended	☐ Change in Pay or Work Hours			
		Employer Information				
Employer and/or C	Company Name:					
Supervisor/Contact Person:						
Employer Address:						
Employer City, State, Zip:						
Employer Phone Number:			Fax Number:			
Date Started Working:						
Pay:		\$ Per Hour	☐ Per Month			
		Hours Worked Per Week				

For families with more than 2 employers please use additional paper to provide that information