



EXECUTIVE DIRECTOR
Ashley Lommers-Johnson

Date Received:

Change of Circumstance

My housing assistance is (please check one)

- Section 8 Public Housing

All changes reported must be complete, accurate, and reported within the ten (10) day reporting requirement. Failure to provide complete information is failure to report properly. If you have questions regarding this form, please contact your housing representative.

Head of Household Name: _____ Social Security #: _____

Client # (Optional): _____ Email address: _____

Daytime Phone #: _____ Other contact #: _____

Complete mailing address (including zip code): _____

THE FOLLOWING CHANGES HAVE TAKEN PLACE IN MY HOUSEHOLD:

(Check the box/es that reflect your household change/s, and attach documents supporting the change you are reporting.

Income increase- Date of change: _____ Household member: _____
Why income increased: _____

Income decrease- Date of change: _____ Household member: _____
Which income decreased: _____

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.

Name of person & date of birth: _____

Request to move- Requested move date: _____

Request to port- Requested port date: _____ 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.

_____ Signature of Adult Member	_____ Print Name	_____ Date
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_____ Signature of Adult Member	_____ Print Name	_____ Date
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_____ Signature of Adult Member	_____ Print Name	_____ Date
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_____ Signature of Adult Member	_____ Print Name	_____ Date
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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:			
<input type="checkbox"/> Current Job	<input type="checkbox"/> New Job	<input type="checkbox"/> Employment Ended	<input type="checkbox"/> Change in Pay or Work Hours
Employer Information			
Employer and/or Company Name:			
Supervisor/Contact Person:			
Employer Address:			
Employer City, State, Zip:			
Employer Phone Number:		Fax Number:	
Date Started Working or Date Employment Ended:			
Pay:		\$ _____ <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Month	
		_____ Hours Worked Per Week:	
Client Information			
Name:			
Social Security Number:			
<input type="checkbox"/> Current Job	<input type="checkbox"/> New Job	<input type="checkbox"/> Employment Ended	<input type="checkbox"/> Change in Pay or Work Hours
Employer Information			
Employer and/or Company Name:			
Supervisor/Contact Person:			
Employer Address:			
Employer City, State, Zip:			
Employer Phone Number:		Fax Number:	
Date Started Working:			
Pay:		\$ _____ <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Month	
		_____ Hours Worked Per Week	

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