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:		
Davtime 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:				
nember:				
Which income decreased:  Request to remove member of household  Explanation:				
Request to add 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 <b>before</b> moving into the household.				
Name of person & date of birth:				
Request to move- Requested move date:				
e:				
Other- Date of change:Explanation				

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

3107 COLBY•P.O. BOX 1547•EVERETT, WA 98206-1547• (425) 258-9222•TDD/TTY (425) 303-1111•FAX (425) 303-1122 P:\CHANGE OF CIRCUMSTANCE FORMS\Change of Circumstances 12-2012.doc Revised 4-2010



### **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) 220-5447; or 1-800-877-0246 (toll free voice number) or 206-220-5185 (TTY). Or email at Complaints\_office\_10@hud.gov

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

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

COMMISSIONERS

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

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- Heador Spouse	Print Name	Date
Signature of Adult Member	Print Name	Date

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INCOME FROM ANY SOURCE

RESIDENCES AND RENTAL ACTIVITY

ASSETS OF ANY KIND, INCLUDING ASSETS DISPOSED OF WITHIN THE LAST TWO (2) YEARS

Page 2

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					
Nam	ne:				
Social Security Number:					
Current Job	New Job	Employment Ended	Change in Pay or Work Hours		
	Employer Information				
Employer and/or Company Name:					
Supervisor/Cor	ntact Person:				
Employer A	Address:				
Employer City, State, Zip:					
Employer Phone Number:			Fax Number:		
Date Started Working or Date Employment Ended:					
Pay:		\$ Der 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 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