



"Committed to Safe and Affordable Housing"

Change of Income or Household Conditions

Head of household name (Last, First)	Social Security number	Primary phone number
Address	Mailing Address	
City, State, & Zip Code	City, State, & Zip Code	
<input type="checkbox"/> Applicant/Waiting List Or <input type="checkbox"/> Current Yakima Housing Authority Client		

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.

What type of change?

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

Employment <i>Attach paystubs or a letter from the employer</i>	
Change in pay or new employment	Employment ended
Household member _____	Household member _____
Employer name _____	Employer name _____
Employer phone _____	Employer phone _____
Employer address _____	Employer address _____
Effective date of the change _____	Stop date _____
Hourly pay rate \$ _____ Hours per week _____	<input type="checkbox"/> Attach confirmation from the employer of your last day worked

Other income <i>Check all applicable boxes, write in details, and attach statements</i>	
<input type="checkbox"/> Child Support <input type="checkbox"/> DSHS (TANF / Disability Lifeline / 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 <input type="checkbox"/> Trust or retirement disbursements <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> V.A. benefits <input type="checkbox"/> Other:
Household member _____	Household member _____
Describe change _____	Describe change _____
Amount \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month	Amount \$ _____ Per <input type="checkbox"/> Week <input type="checkbox"/> Month
Start date _____ Stop date _____	Start date _____ Stop date _____

No income <i>Complete this section if an adult in the household does not have any income or receive any contributions</i>	
Household member with no income/contributions _____	Start date _____
Describe income change _____	

Continued on back...

Child care expense *Attach a statement from the provider that includes any subsidies and/or co-pays*

Date of change _____ Your portion of the payment \$ _____ Per Week Month
Provider name _____ Provider phone _____
Provider Address _____

Student status (adults) *Attach verification of enrollment status and financial aid*

Household member _____ Start date _____ Stop date _____
Tuition cost \$ _____ Per Quarter Semester Financial aid \$ _____ Per Quarter Semester

Household Composition *See instructions below for appropriate attachments*

Complete a Request to Add a Household Member form if you want to add someone to your household.

Adding/Removing a member from the household

Household member _____ Move in/out date _____
Attachments: Verification of the household member's new address, such as a lease or a utility bill showing the name and address
 Written verification from your landlord acknowledging the person is no longer in your household

Name change

Old name _____ New name _____
Attachments: Copy of name change court order
 Social Security number verification with the new name

Other change *If no other section applies, use this space to explain your household's income/circumstances*

Household member _____ Date of change _____
Describe change _____

Important: Yakima Housing Authority must receive your written notice of your income and/or household conditions change within 10 business days of the change. Income decreases must be received by the 10th of the month in order to adjust your rent for the following month. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. If changes are reported late (more than 10 business days after the change) or not at all, you could owe Yakima Housing Authority money and you may risk losing your housing subsidy.

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

Head of household's signature _____ **Date** _____



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Request to Add a Household Member

Anyone you list as a household member must use the subsidized unit as their primary residence (at least 51% of the time). All adults must have an acceptable criminal background, cannot owe any housing authority money, and, if s/he previously participated in a federally-subsidized housing program, must have acceptable compliance history. All adult additions must be approved in writing by your landlord and by Yakima Housing Authority before the additional person can move in.

Head of household _____ Last 4 digits of SSN _____

Addition's name _____ Last 4 digits of SSN _____

Step 1: Landlord Permission (for adult additions only)

I agree to the addition of the person to the current lease I have with the above-named Voucher-holder.

Landlord name _____ Phone number _____

Landlord signature _____ Date _____

Step 2: Requested Addition's Information

Relation to head of household _____ Date of birth _____ [] Male [] Female

Are you disabled? [] Yes [] No Race/ethnicity _____ [] Hispanic [] Not Hispanic

List all income received and attach 60 days' worth of verification (for example, paystubs or letter):

Type _____ Source _____ Monthly amount \$ _____

Type _____ Source _____ Monthly amount \$ _____

List all assets held or owned and attach 60 days' worth of verification (for example, bank or account statements):

Type _____ Financial institution _____ Current value \$ _____

Type _____ Financial institution _____ Current value \$ _____

Are you a student? [] Yes [] No If yes, attach verification of enrollment status, tuition, and financial aid.

Have you ever been convicted of a felony? [] Yes [] No If yes, please explain: _____

Step 3: Required Attachments

For all additions:

- [] Legal ID (such as driver's license for adults or birth certificate for minors)
[] Income, asset, and student (if applicable) verification
[] Declaration of Citizenship or Immigration Status
[] Non-citizens: Original Homeland Security I-551 or annotated I-94
[] Original Social Security number verification

Additional forms for adult additions:

- [] Yakima Housing Release of Information
[] Debts Owed and Terminations (52675)

I certify the above information is true and the additional household member will reside in the subsidized unit at least 51% of the time. I acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program.

Head of household's signature _____ Date _____

Addition's signature (if an adult) _____ Date _____

Table with 3 columns: Yakima Housing use, Recommend [] Yes [] No, Background check [] Yes [] No, Approval [] Yes [] No. Includes fields for Cert. Spec. initials/date and Supervisor initials/date.



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AUTHORIZATION FOR RELEASE OF INFORMATION

The above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

AUTHORIZATION: Information obtained under this content is limited to information that is no older than 18 months. I hereby authorize the release of information (including documentation and other materials) pertinent to eligibility for participation under any of the following programs:

YHA Family Housing LLC, Farmworker Housing, Mariposea Park, Nueva Primavera, Glenn Acres, Section 8

I authorize the above named organization to obtain information about me and/or my family that is pertinent to participation in assisted housing programs. I authorize the Yakima Housing Authority (YHA) to obtain information on the wages or unemployment compensation from State Employment Security Agencies.

INFORMATION COVERED: Inquiries may be made about the following:

- | | | |
|-----------------------------|--|-------------------------------|
| Child Care Expenses | Employment, Income, Pensions & Annuities | Social Security Numbers |
| Credit History | Federal, State, Tribal and/or Local Benefits | Family Composition |
| Identity and Marital Status | Alien Registration Numbers | Criminal Activity |
| Medical/Dental Expenses | Handicapped Assistance Expenses | Residences and Rental History |

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION: Any individual or organization including any government organization may be asked to release information. For example, information may be requested from, but not limited to the following:

- | | | |
|---|----------------------------|----------------------|
| Banks and other Financial Institutions | Past and Present Employers | Providers of Alimony |
| U.S. Social Security Administration | Pensions/Annuities | Credit |
| Immigration and Naturalization Services | Past and Present Landlords | Childcare |
| Courts and Law Enforcement Agencies | Handicapped Assistance | Schools and Colleges |
| U.S. Department of Veteran Affairs | Credit Bureaus | Collection Agencies |
| Child Support | Medical/Dental Care | Welfare Agency |
| Utility Companies | | |

COMPUTER MATCHING NOTICE AND CONSENT: I agree that the Yakima Housing authority may conduct computer matching with other governmental agencies, including Federal, State, Tribal or local agencies. The governmental agencies include, but are not limited to, the following:

- | | | |
|---|------------------------------------|-------------------------------------|
| U.S. Office of Personnel Management | State Employment Security Agencies | U.S. Postal Service |
| U.S. Department of Immigration and Naturalization | U.S. Department of Defense | U.S. Social Security Administration |
| Welfare and Food Stamp Agency | | |

This match will be used to verify information supplied by the family.

CONDITIONS: I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Print Name of Head of Household Address

Signature of Head of Household Social Security Number Date

Other Adult Member Signature Date Other Adult Member Signature Date

Penalties for Misusing the Consent: HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited on this form. Any person, who knowingly or willfully 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 \$5000. Any 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, the HA or the owner responsible for the unauthorized disclosure or improper use.