



A Community Partner,
Helping People to Help Themselves

Walla Walla Housing Authority

501 Cayuse Street
Walla Walla, WA 99362
509-527-4542 * Fax 509-527-4574

Hearing-impaired, use statewide relay service number 1-800-833-6384
www.wallawallaha.org * wwha@wallawallaha.org



CHANGE OF CIRCUMSTANCE

If anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the Walla Walla Housing Authority.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

| | | |
|--------------------------|--------------------|--------|
| Head of Household: | | SSN: |
| Current Address: | | |
| City / State / Zip Code: | | |
| Telephone: | Message Telephone: | Email: |

PROGRAM (check one):

Housing Choice Voucher TBRA VASH Low-Rent Public Housing

**COMPLETE ONLY THE INFORMATION THAT HAS CHANGED
ATTACH THE DOCUMENTATION THAT SUPPORTS THE CHANGE**

(for employment, provide two consecutive pay stubs; for Social Security/SSI, TANF, etc., provide the award letter)

DATE CHANGE OCCURRED: _____

NAME CHANGE

Old Name: _____ New Name: _____

Reason for name change: _____

HOUSEHOLD MEMBERS

***Adding a household member requires WWHA's and landlord's prior written permission**

| <i>Circle One</i> | Name | Relation to Head | Gender | Date of Birth | Social Security Number |
|-------------------|------|------------------|--------|---------------|------------------------|
| ADD* | | | | | |
| REMOVE | | | | | |
| ADD* | | | | | |
| REMOVE | | | | | |

Reason for change: _____

INCOME (list the *CHANGED* household member's income, amount, frequency, and source):

For employment, provide two (2) current consecutive pay stubs

For Social Security/SSI, TANF, Unemployment, etc., provide the current award letter or print out of amount received

| Household Member | Amount of Income | Frequency (week/month) | Source of Income (Employment, Social Security/SSI, TANF, etc.) |
|------------------|------------------|------------------------|--|
| | | | |
| | | | |

Reason for change: New Income Increase Decrease

Other (explain): _____

ASSETS list changes only

CIRCLE ONE

Do you or another family member have a checking or savings account?

YES NO

If "YES", complete the following section:

| | | |
|-------------------------|---|-----------------|
| Checking Account Number | Banking Facility (Name, Address, Telephone) | Current Balance |
| | | |
| Savings Account Number | Banking Facility (Name, Address, Telephone) | Current Balance |
| | | |

Do you or another family member have any other changes in income and/or assets not previously listed?

YES NO

If "YES", explain: _____

PRIVACY ACT NOTICE

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide.

This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

SIGNATURE

WARNING: 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 or Agency of the U.S. or the Department of Housing and Urban Development. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation and/or may be grounds for termination of assistance or tenancy.

I certify that the information provided is true and complete to the best of my knowledge.

Head of Household Signature

Date