



600 Park Avenue  
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 www.bremertonhousing.org

## CHANGE OF CIRCUMSTANCE (COC) for Participants

### Additional Attachment for Requesting to Add Household Members

This form is used to report information regarding members you are requesting to add to your household. Additions to your household must be pre-approved by the Housing Authority and your landlord prior to them moving into your unit.

#### Head of Household Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Section 8     VASH     TBRA     SHP     Other: \_\_\_\_\_

#### Requested Household Members

Please List **ALL** persons you are requesting to add to your household. Use additional sheet if necessary.

NAME	RELATION to HOH	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH
1						
2						
3						
4						

**For each requested member please supply the following:**

- Picture Identification – for each adult requested
- Birth Certificate – for each person requested
- Social Security Card – for each person requested
- Verification – verification of any income, asset or deduction changes
- Declaration of Section 214 Status (HA form) – one for each person being requested
- BHA Release of Information (HA form) – must be signed by each adult being requested
- HUD 9886 Release (HA form) – must be signed by each adult being requested
- HUD 52675 Form (HA form) – must be signed by each adult being requested

**Please Complete the following section:**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have any of the requested member(s) ever been convicted of manufacturing or producing methamphetamine?<br><b>If yes, who, when, where?</b>                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are any of the requested member(s) subject to a lifetime registration requirement under a state sex offender registration program?<br><b>If yes, who, when, where?</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you or any requested member(s) been arrested or convicted of a crime during the past 3 years?<br><b>If yes, who, when, where?</b>                                 | <input type="checkbox"/> | <input type="checkbox"/> |



Bremerton Housing Authority does not discriminate on the basis of race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs.  
 Equal Opportunity Employer.

If you need to request a reasonable accommodation, contact the BHA Section 504 Coordinator at (360) 616-7122. TTY: (360) 377-8606



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4. Have any of the requested member(s) ever lived in subsidized housing or rented using a Section 8 voucher?    
**If yes, who, when, where?**

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5. Have any of the requested member(s) ever been evicted from federally assisted housing? If yes, give details, when, where, etc.    
**If yes, who, when, where?**

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6. Will there be any income changes if the requested member(s) are approved? (If yes explain below and supply verification)    
**I am reporting the following Income Changes:**

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7. Will there be any asset changes if the requested member(s) are approved? (If yes explain below and supply verification)    
**I am reporting the following Asset Changes:**

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8. Will there be any deduction changes (medical expense or childcare expense) if the requested members are approved? (If yes explain below and supply verification)    
**I am reporting the following Deduction Changes:**

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9. Will there be any other changes not listed above if the requested member(s) are approved? (if yes explain below)    
**I am reporting the following Additional Changes:**

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**All Current adult household members must sign and date this form and all requested adult household members must sign and date this form.**

Under the penalties of perjury, I declare that I have prepared this statement and, to the best of my knowledge, it is true, correct and complete. I also verify that all supporting verifications submitted with this statement are valid.

\_\_\_\_\_  
**Signature of Head of Household**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Other Adult Member and/or Requested Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Other Adult Member and/or Requested Member**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Other Adult Member and/or Requested Member**

\_\_\_\_\_  
**Date**