

600 Park Avenue Bremerton WA 98337 (p) 360-479-3694 (f) 360-616-2927 www.bremertonhousing.org

## **CHANGE OF CIRCUMSTANCE (COC) for Participants**

This form is used to report changes. Changes need to be reported within 10 business days of the action you are reporting. Please attach verification of the change(s) you are reporting or this COC will be rejected. **Please attach all verifications** 

## **Head of Household Information**

Name:	Social Security #:			
Mailing Address:	City/State/Zip:			
Phone Number(s):				
Email Address:				
☐ Section 8	] VASH 🔲 TE	SRA SHP	☐ Other:	
	Explain all change	e(s) in detail:		
	sition Changed:	Explain all chang	e(s) or request(s) in detail:	
☐ My Allowable Deductio	ns or Other Cha	nges: Explain all	I change(s) or request(s) in detail:	
☐ I certify the follout is not limited to: \	wing adult house vages, social sec	ehold members h urity, unemploym	v if it applies to your household); have no income (income includes ent, DSHS cash assistance, etc.); mber of my household from any	
	orrect and comp		this statement and, to the best of y that all supporting verifications	
Signature of Head of Hous	ehold		Date	
Other Adult Member			Date	
Other Adult Member			Date	





## Please Note:

If the family's share of rent is to decrease, the COC must be submitted by the 20<sup>th</sup> of the month to be effective the first of the following month. COC's submitted after the 20<sup>th</sup> will not be effective until the month after (i.e. if the change is reported July 25 then the decrease in rent will be effective September 1).

# Examples of Verifications Include but are not limited to;

- **New Income:** Letter from employer (must verify when employment began, hourly rate and average hours per week); Social Security award letter; DSHS award letter; Child Support, DCS award letter, etc.
- Loss of Income: End of employment letter; end of Social Security; DSHS; Unemployment; etc.
- Request to Add Household Member: Birth certificate or birth announcement from hospital; court awarded custody; foster child custody letter; Social Security card, picture identification (adult); Declaration of Section 214 form will be needed and can be obtained in BHA's office (request from the front desk or from your specialist).
  - o For requests to add adult household members more forms will be needed (releases, etc.), you can request these forms from your Housing Specialist.

#### Please remember:

- With the exception of children who join the family as a result of birth, adoption, or court-awarded custody, a family must request BHA approval to add a new family member [24 CFR 982.551(h)(2)] or other household member (live-in aide or foster child);
- The family must inform BHA of the birth, adoption or court-awarded custody of a child within 10 business days.
- Household Member Moves Out: New lease of exiting household member or utility bill; letter from current landlord stating the household member moved out; official mail with the new address of the exiting household member; self-certification that the household member exited.
  - o If a household member ceases to reside in the unit, the family must inform BHA within 10 business days. This requirement also applies to a family member who has been considered temporarily absent at the point that the family concludes the individual is permanently absent.

### Deductions:

- Medical Expenses 12 month print out from providers and/or pharmacy's, verification showing your ongoing monthly expense, etc., verification of a 1 time payment;
- Childcare Expenses letter from childcare provider explaining child(ren) names, amount you pay out of pocket, etc.; be sure to supply the name and contact information for the childcare provider.



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## **Authorization for Release of Information**

#### CONSENT:

I authorize and direct any Federal, State, or Local agency, organization, business or individual to release to <u>Bremerton Housing Authority</u> any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8 Certificate/Voucher Program, Section 8 New Construction Program, Low-income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules, regulations and policies.

## 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 Residency and Rental History Employment, Income and Assets Credit and Criminal Activity Medical or Child Care Allowances
Utility Verifications

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:**

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Courts and Post Offices
State Unemployment Agencies
Utility Companies
Credit Providers and Credit Bureaus
Previous landlords (including Public
Housing Agencies)

Past and Present Employers Veterans Administrations Retirement Systems Schools and Colleges Welfare Agencies

Law Enforcement Agencies Social Security Administration Medical and Child Care Providers Banks and other Financial Institution

## **CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purpose stated above. This authorization will stay in effect for one year and one month from the date signed.

Head of Household (Sign Name)	(Print Name)	Date
Co-Head or Spouse (Sign Name)	(Print Name)	Date
Adult Member (Sign Name)	(Print Name)	Date
Adult Member (Sign Name)	(Print Name)	Date
Adult Member (Sign Name)	(Print Name)	Date



