



Housing Authority of Thurston County
1206 12th Avenue SE • Olympia, WA. 98501
Tel: (360) 753-8292 • Fax: (360) 586-0038

REQUEST FOR CHANGE OF CIRCUMSTANCE

INCOME CHANGE

Prior Income Source(s) and Amount(s) _____ Increase

New Income Source(s) and Amount(s) _____ Decrease

Additional Income or other household Resources _____

Effective Date of Change _____

Explain Change in Detail: _____

*No changes can be made without verification.

CHANGE IN HOUSEHOLD MEMBERS

(check one)

- Add a Person
- Delete a Person

_____	_____	_____
Name	Date of Birth	Social Security #
_____	_____	_____
Relationship to Head of Household	Date of Addition or Deletion	

I would like to add someone to the household. I have completed the Personal Declaration form, Authorization for the Release of Information forms (2), Addendums C and D, and provided copies of all

PLEASE ALLOW AT LEAST 30 DAYS FOR YOUR REQUEST FOR A CHANGE IN TENANT RENT SHARE TO BE PROCESSED AFTER ALL INFORMATION HAS BEEN PROVIDED.

Signature of Head of Household

Date

Print Name of Head of Household

