

Change of ADC / TANF:

Case Worker _____ Amount _____

Change of SSI / SS / VA Benefits, etc.:

Start Date _____ Stop Date _____

Old Amount _____ New Amount _____

Change of Child Care Provider or Expenses:

Provider's Name _____ Telephone _____

Address _____
Street Apt# City State Zip

Name(s) of Children _____

Amount of Childcare Expenses _____

Adding or Removing Family Member(s): They will NOT be added or removed until we have the below documentation.

ADDING:

REMOVING:

Name _____ Name _____

*Provide: Birth Certificate, Social Security Card,
Picture ID and Signed release forms*

*Provide: Copy of New Lease, New utility bill,
Note: 18+ old person must come in to remove self from lease*

OTHER CHANGES OR INFORMATION PERTAINING TO CHANGE:

I certify that the information given to the BELLEVUE HOUSING AUTHORITY on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under FEDERAL LAW. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Your Signature Date