



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     TBRA     SHP     Other: \_\_\_\_\_

**My Income Changed:** Explain all change(s) in detail: \_\_\_\_\_

**My Household Composition Changed:** Explain all change(s) or request(s) in detail: \_\_\_\_\_

**My Allowable Deductions or Other Changes:** Explain all change(s) or request(s) in detail: \_\_\_\_\_

**Zero Income Certification** (please complete the section below if it applies to your household);

I certify the following adult household members have no income (income includes but is not limited to: wages, social security, unemployment, DSHS cash assistance, etc.);

I certify there is no income received by any member of my household from any source.

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**

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

\_\_\_\_\_  
**Other Adult Member**

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



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.

Telecommunication for the hearing impaired TRS dial 7-1-1



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**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).
  - 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.
  - 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.

