

PUBLIC HOUSING – CHANGE OF INFORMATION FORM

ADDRESS CHANGE

FAMILY COMPOSITION CHANGE

WAIT LIST CHANGE

INCOME CHANGE

Date: _____ Social Security No.: _____

Name: _____

LAST

FIRST

MI

Date of Birth: _____ Telephone No.: _____

New Address: _____ Zip Code: _____

Old Address: _____ Zip Code: _____

LIST ONLY THOSE PERSONS YOU ARE ADDING OR REMOVING FROM YOUR ORIGINAL APPLICATION.

| ADULT/CHILD | DATE OF BIRTH | SEX | RACE | RELATION | SOCIAL SECURITY # | MARITAL STATUS | CHANGE |
|-------------|---------------|-----|------|----------|-------------------|----------------|--|
| 1. | | | | | | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE |
| 2. | | | | | | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE |
| 3. | | | | | | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE |

MONTHLY INCOME (complete only if income has changed):

| HOUSHOLD MEMBERS | TANF | SS/SSI | EMPLOYER/WAGES | UNEMPLOYMENT | OTHER INCOME/SOURCE | CHANGE |
|------------------|------|--------|----------------|--------------|---------------------|--|
| | | | | | | <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE |

WAITLIST CHANGE:

I request to be **REMOVED** from the wait list at _____
(Name of Development)

PREFERENCE CHANGE (complete section below only if applicable):

HAS YOUR PREFERENCE STATUS CHANGED? YES NO (IF YES, PLEASE CHECK ALL THAT APPLY)

- Are you, your spouse or life partner Employed at least 20 hours per week? Yes No
- Are you, your spouse or life partner disabled? Yes No
- Are you, your spouse or life partner age 62 or older? Yes No
- Are you, your spouse or life partner enrolled in or have recently graduated from a job training or educational program within the last 12 months? Yes No
- Are you, your spouse or life partner an honorably discharged veteran? Yes No
- Is the household living in substandard housing or a homeless shelter? Yes No

Signature: _____ Date: _____

(Applicant/Head of Household)