

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 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)