

APPLICANT UPDATE

_____ Section 8

_____ Public Housing

Name: _____

Print

SS #: _____

Phone #: _____

I would like to update my application with the following information:

(please check all that apply)

() New mailing address:

(Include City, State and Zip Code)

() Income Change:

(Answer the following questions and attach pay stubs, social security or VA benefit letters, child support stubs/printout, TANF benefit letter, etc.)

1. Have you received additional income? _____

If so, from where? _____

2. Have you lost any source of income? _____

If so, from where: _____

3. List all income you currently receive on the chart below.

Name of Family Member	Employer	Total Weekly Wages	Child Support Monthly	Social Security Benefits	Unemployment Benefits	All Other Income
						per

() **Addition of member to the household:**

(You must provide birth certificate, social security card, and any income received. If you are requesting to add an adult you will be contacted for an interview.)

Full Legal Name <i>Start on the next line</i>	Social Security Number	Relationship to Head	Sex M/F	Date of Birth	Age	Place of Birth City, State	Ethnicity (H) Hispanic (N) Non-Hispanic	US Citizen Yes or No	Full Time Student Yes/No
	- -			/ /			H or N	Y or N	Y or N
	- -			/ /			H or N	Y or N	Y or N

() **Remove the following household member(s):**

Name

Relationship

Date of Birth

Name

Relationship

Date of Birth

In order to process your change as quickly as possible you must attach documents to verify this information. You will receive a response by mail within 7-10 business days.

Signature

Date