

# HOUSING APPLICATION CHANGE FORM

## CHANGE IN ADDRESS

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Mailing Address (include city, state & zip) \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Date Moved In \_\_\_\_\_  
Landlord Name and Address \_\_\_\_\_  
Rent Amount Paid \$ \_\_\_\_\_ Utility Amount Paid \$ \_\_\_\_\_ Total \$ \_\_\_\_\_  
Type Utilities Family Pays for \_\_\_\_\_ # BRs \_\_\_\_\_

## CHANGE IN FAMILY SIZE

Delete from Household \_\_\_\_\_  
Add to Household \_\_\_\_\_  
Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_ Relationship \_\_\_\_\_ Sex: M ( ) F ( )

**IMPORTANT: Please fill out below area, this could affect your placement on wait list**

Check which status(es) (if any) that apply to the person that was added or deleted from your household:

**Disabled/Handicapped**

Gross Income from SSI/SSDI \_\_\_\_\_

Doctor's Name & Address (for verification purposes) \_\_\_\_\_

**Employment** (name and address of employer) \_\_\_\_\_

Gross Income \_\_\_\_\_

**Training Program** (name and address of program) \_\_\_\_\_

Date Started \_\_\_\_\_ Date Scheduled to Complete: \_\_\_\_\_

## CHANGE IN FAMILY INCOME

Source of Income \_\_\_\_\_  
Name and address of employer (if applicable) \_\_\_\_\_  
Gross Income (before taxes/deductions) \_\_\_\_\_

## AUTHORIZATION OF CHANGE

Date Change Reported \_\_\_\_\_ By Telephone \_\_\_\_\_ In Person \_\_\_\_\_  
Applicant Signature (if change made in person) \_\_\_\_\_

*FOR OFFICE USE ONLY:*

CLIENT NO. \_\_\_\_\_ ORIGINAL DATE OF APPLICATION \_\_\_\_\_

LOCAL PREFERENCE \_\_\_\_\_

DATE CHANGED IN THE COMPUTER \_\_\_\_\_

APPROVED BY \_\_\_\_\_ **TOTAL POINTS** \_\_\_\_\_