

HOUSING APPLICATION CHANGE FORM**CHANGE IN ADDRESS**

Name _____ Social Security # _____

Street Address _____ City, State, Zip _____

Mailing Address (include city, state & zip) _____

Telephone Number _____ Email Address _____

Landlord Name and Address _____

Rent Amount Paid \$ _____ Utility Amount Paid \$ _____ Total \$ _____

Type Utilities Family Pays for _____ # BRs _____ Date Moved In _____

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 _____