



## Applicant Update

Section 8
  Public Housing

**Print Name:** \_\_\_\_\_

**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 char below.

Name of Family Member	Employer	Total Weekly Wages	Child Support Monthly	Social Security Benefits	Unemploy-ment Benefits	All Other Income
						Per
						Per
						Per
						Per
						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	Social Security Number	Relation-Ship 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 or 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
_____	_____	_____
Name	Relationship	Date of Birth
_____	_____	_____
Name	Relationship	Date of Birth
_____	_____	_____
Name	Relationship	Date of Birth

**If you have additional information or comments please write below.**

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**In order to process your change as quickly as possible, you must attach any necessary documents.**

_____	_____
<b>Signature</b>	<b>Date</b>