



APPLICANT CHANGE OF INFORMATION FORM

Date: _____ Public Housing _____ Section 8 _____

Name: _____

Last 4 numbers of your Social Security #: _____

New Phone Number: _____

Old Address: _____

New Address: _____

If adding new members to household. Please provide the following information:

First Name	Last Name	Birth Date	SS#
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you wish to remove individuals from your household, please list their names:

Please note: If your name is currently on the waiting list, once your name reaches the top of the list and an apartment/house is available, you will be sent a letter to contact the housing manager to schedule an appointment.
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THE MANAGEMENT OFFICE INTERVIEWS BY APPOINTMENTS ONLY

THANK YOU FOR YOUR PATIENCE AND COOPERATION