

APPLICATION UPDATE FORM

FOR MANAGEMENT USE ONLY	
Date Received:	
Requested Accessible Unit:	

HOUSEHOLD COMPOSITION: List the head of your household and all members who will live in your home. All questions must be answered. Enter the race & ethnicity codes by using the following definitions: **Race Codes:** 1. American Indian or Alaska Native, 2. Asian, 3. Black or African American, 4. Native Hawaiian or other Pacific Islander, 5. White, (choose all that apply), or enter a D if you do not wish to provide this information. **Ethnicity Codes:** Y if Hispanic or Latino, N if Not Hispanic or Latino, or enter a D if you do not wish to provide this information.

Member No.	Full Name, including middle initial, if applicable	Relationship to HOH	Race	Ethnicity	Dis-abled [Y/N]	Gender [M/F]	Date of Birth	Age	Full Time Student [Y/N]	Social Security No.
1		HOH								
2										
3										
4										
5										
6										
7										
8										

STUDENT STATUS: Are all of the residents full time students?

Yes No

If yes: Are/is the full-time adult student(s) married and filing a joint tax return?

Yes No

If yes: Is full-time adult student receiving assistance under Title IV of the Social Security Act: AFDC or TANF?

Yes No

If yes: Is full-time adult student enrolled in a job training program comparable to The Job Training Partnership Act?

Yes No

If yes: Is the full-time adult student a single parent residing with his/her minor child(ren), and such parent is not a dependent of another individual, and the child(ren) are not dependents of another individual other than the non-resident parent of the child(ren)?

Yes No

If yes: Did the full-time adult student previously receive foster care assistance under Part B of E Title IV of the Social Security Act?

Yes No

CONTACT INFORMATION:

Home Phone: _____ Day Phone: _____

Cell Phone: _____ Other Phone: _____

Current Address: _____

Is your current address the same as when you initially applied for housing? Yes No

If No, complete the following information for your current address:

Rent: \$ _____ Length of Residency: _____ Landlord's Name: _____

Landlord's Phone#: _____ Landlord's Address: _____



INCOME: Please list each household member's current source of income and gross monthly amount.

MEMBER NAME	SOURCE OF INCOME	MONTHLY INCOME
		\$
		\$
		\$
		\$

Has any adult household member that was not previously employed obtained employment, or changed jobs since the initial application was submitted? Yes No. **If Yes**, complete the following information to report changes to employment information provided on initial application:

EMPLOYMENT CHANGES:

Household Member: _____ **Termination** Date from Previous Employer: _____

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$ _____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions Per Week: \$ _____ Annual Bonus: \$ _____

Do you have more than one job? Yes No

ASSET INFORMATION: Please provide the following information regarding the household's assets.

MEMBER NAME	TYPE OF ACCOUNT	BANK /CARD NAME	CURRENT BALANCE/VALUE
			\$
			\$
			\$

Are there any special housing needs or reasonable accommodations, (Examples; a unit for mobility impaired, visually impaired or hearing impaired person, a live-in aide, etc.), that the household will require to meet the needs of a disabled family member? Yes No. **If Yes**, please list: _____

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Head of Household Signature: _____ Date: _____

Co-Head or Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.

