

CHANGE OF INFORMATION FOR THE HOUSING CHOICE VOUCHER WAITING LIST APPLICANTS

Applicant's Name _____ Social Security # _____
Please Print Clearly

NEW ADDRESS:

House number _____ Street _____ Apt # _____

City _____ State _____ Zip _____

Telephone Number: _____

HOUSEHOLD COMPOSITION CHANGES

Name	Race	H/H Status	Relationship	Age	Sex	Birth Date
1. _____ Social Security # _____		<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Male <input type="checkbox"/> Female	
2. _____ Social Security # _____		<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Male <input type="checkbox"/> Female	
3. _____ Social Security # _____		<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Male <input type="checkbox"/> Female	
4. _____ Social Security # _____		<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Male <input type="checkbox"/> Female	
5. _____ Social Security # _____		<input type="checkbox"/> Add <input type="checkbox"/> Remove			<input type="checkbox"/> Male <input type="checkbox"/> Female	

X _____ X _____
Head of Household Signature Date