



THA USE ONLY

Client ID # _____
 Change Effective Date: _____
 Received by: _____
 Date Received: _____

APPLICANT Update/Change Request Form

Type of change you are reporting: Address Family size Income (**Who?** Self ____ Other adult ____)

Check which program: Public Housing _____ Section 8 _____

NOTE: Please complete the entire form. **INCOMPLETE FORMS WILL NOT BE PROCESSED.** Please put N/A where it does not apply.

PLEASE PRINT: Head of household name: _____ SS# _____

Home Phone #: _____ **Cell #** _____ **Work #** _____ ext. _____

Current Address: _____ Apt no. _____ City/State/Zip _____

Email Address: _____

Dear Applicant:

All updates/changes to your application must be in writing. The following information is needed ONLY if there has been a change in your mailing address, family size, income, current housing situation, etc. As an Affordable Housing or Section 8 applicant, it is your responsibility, according to our Affordable Housing policies, to keep us updated with any change in your **address, income or family size (whenever a change occurs AND at least every 6 months)**. This will ensure we can contact you if there are changes in your waiting list status. Failure to report changes could result in being dropped from the WAITING LIST.

Please list all **current** household members first

Last Name, First Name	Relationship	SS#	D.O.B	Add/Remove
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

- If you are removing a family member from the household, **please explain why and start date.**

- Please furnish copies of official birth certificates, social security cards, and/or court appointed adoption/foster forms (when adding children); include a government issued photo identification for all adults.
- Per Housing Authority pre-screening requirements and policy guidelines, adding adult members to the household is subject to a complete background check before the addition is entered into our system.

Employment update for:

1. NAME: _____ SSN: _____

Current Employer: _____

Address: _____ Hire date: _____

Contact Person: _____ Phone # _____ Fax# _____

Former Employer: _____

Address: _____ Last date worked: _____

Contact Person: _____ Phone # _____ Fax# _____

REASON FOR LEAVING _____

2. NAME: _____ SSN: _____

Current Employer: _____

Address: _____ Hire date: _____

Contact Person: _____ Phone # _____ Fax# _____

Former Employer: _____

Address: _____ Last date worked: _____

Contact Person: _____ Phone # _____ Fax# _____

REASON FOR LEAVING _____

Other Income Changes (for example: (TANF, Social Security, Unemployment, Child Support, Cash Contributions, etc.)

1. NAME: _____ SSN: _____

Type of change: ___ increase ___ decrease Effective date: ___ / ___ / ___ Amount per hour _____

Frequency of benefit: weekly ___ bi-weekly ___ monthly ___ Other _____

Type of income no longer receiving: _____ Effective: _____

2. NAME: _____ SSN: _____

Type of change: ___ increase ___ decrease Effective date: ___ / ___ / ___ Amount per hour _____

Frequency of benefit: weekly ___ bi-weekly ___ monthly ___ Other _____

Type of income no longer receiving: _____ Effective: _____

Are you reporting Zero Income? Yes ___ No ___ (If yes, you will be required to attend a monthly budget meeting until you report new income)

Child Care: ___ Add ___ Remove

1. Child(rens) Names: _____ SSN: _____

Provider Name/Address: _____

Contact: _____ Phone # _____ Fax # _____ Effective Date: _____

Additional information: _____

WARNING: Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful statements of misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

CERTIFICATION: I/We certify that the above information given to the Taylor Housing Authority on household composition, income, etc. is accurate and complete to the best of my/our knowledge and belief. I/We also understand that false statements or information are grounds for being dropped from our waiting list and that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law.

Signature/Date

Signature/Date Spouse/Other Adult

Signature/Date Other Adult

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