

Application Update Form (Print Clearly)

Lycoming Housing Authority- 1941 Lincoln Drive, Williamsport PA 17701

Phone: 570-323-3755 Fax: 570-323-5230

Check List (s) Applied for: PUBLIC HOUSING _____ SECTION 8 _____

Applicant Head Name: _____ Co-Applicant Name: _____

Applicant SS# _____ Co-Applicant SS# _____

PHONE #: _____ PHONE #: _____

Co-Applicants must be 18 yrs. or older

CURRENT ADDRESS

Number & Street: _____ City: _____

State: _____ Zip: _____

Name of your current Landlord OR Person you reside with: _____

Address:: _____ **Phone:** _____

Reason for Moving into this home:

Family Composition: List Names of All members of the household on your application.

Name: _____ DOB: _____ SS# _____

Sex: _____ Race _____ Relation to Applicant: _____

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Sex: _____ Race _____ Relation to Applicant: _____

Name: _____ DOB: _____ SS# _____

Sex: _____ Race _____ Relation to Applicant: _____

LIST ALL INCOME RECEIVED IN YOUR HOUSEHOLD Page 2

Name of Person Receiving Income: _____ Start Date: ____/____/____

Circle Income Type: Wages SS or SSD SSI SSP TANF Child Support Pension Alimony

Other: _____ Gross (Before Tax) Amount \$ _____

Payment Frequency: weekly bi-weekly bi-monthly monthly yearly

Income Paid By: _____ If wages, avg hours worked per pay: _____

Full Address & Phone No.: _____

Name of Person Receiving Income: _____ Start Date: ____/____/____

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Income Paid By: _____ If wages, avg. hours worked per pay: _____

Full Address & Phone No.: _____

Check All That Apply: Veteran / Spouse of Veteran Employed more than 25 hrs. a week

Enrolled w/ Children & Youth Outreach Program Displaced Homeless

Employed less than 25 hrs. Enrolled in College or job training Living in Lycoming County Shelter

Applicant Head Signature: _____ **Date:** _____

Co- Applicant Signature: _____ **Date:** _____

You are committing fraud if you sign this form knowing that you provided false or misleading information. Your position on the waiting list may change depending on the updates of your application.