

**APPLICANT INFORMATION CHANGE FORM
(PLEASE PRINT)**

WHAT APPLICANT LIST DID YOU APPLY FOR?

PUBLIC HOUSING _____ SECTION 8 _____ LHF1 _____

APPLICANT NAME: _____

CO-APPLICANT NAME: _____

APPLICANT SS#: _____ PHONE #: _____

CHANGE OF ADDRESS:

NEW ADDRESS: _____

LANDLORD INFO: _____

OLD ADDRESS: _____

REASON FOR CHANGE: _____

CHANGE OF INCOME:

NEW EMPLOYER: _____ START DATE: _____

ADDRESS: _____

PHONE: _____ GROSS INCOME: \$ _____ (WK / MO / YR)

CHANGE IN FAMILY COMPOSITION:

WHO ARE YOU ADDING?

(IF IT'S AN ADULT THEY MUST BE PRESENT TO FILL OUT A LEASE ADD ON REQUEST)

OTHER OCCUPANTS WHO WILL LIVE WITH YOU:

NAME: _____ DOB _____ SS# _____

RELATIONSHIP TO YOU: _____ SEX: _____ RACE _____

NAME: _____ DOB _____ SS# _____

RELATIONSHIP TO YOU: _____ SEX: _____ RACE _____

TO BE REMOVED: _____

APPLICANT SIGNATURE: _____ DATE: _____

(WRITE ON REVERSE IF YOU NEED MORE SPACE)