



HATC USE ONLY
APP No.

Section 8 Voucher Waiting List Change of Information

NAME AS APPEARS ON APPLICATION: _____

OLD ADDRESS: _____

NEW ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ MESSAGE PHONE: _____

Change of income: GROSS MONTHLY AMOUNT from all sources:

\$_____ Social Security	\$_____ Wages	\$_____ Pension
\$_____ SSI	\$_____ Unemployment	\$_____ Child Support
\$_____ AFDC	\$_____ L & I	\$_____ Other_____
\$_____ GAU	\$_____ Veteran	\$_____ Other_____

CHANGE IN HOUSEHOLD MEMBERS: Please fill out form completely for all new persons in the household in order for them to be added to your application.

Full Name	Relationship to Head	M/F	Social Security Number	Date of Birth	Disabled Y/N
	Head/Self				

❖ If there are more than five members in your family, please list additional members on back of form.

Signature of Head of Household & Date

Print Name

** Si usted necesita ayuda, por favor pongase en contacto con las Autoridades de Alojamiento para hacerlo interpretar para usted.*

