



GEORGETOWN HOUSING AUTHORITY

UPDATE FORM

Date: _____

Phone #: _____

Name of Head of Household: _____

Social Security #: _____ Date of Birth: _____

Mark 'Type of Change' and fill out information completely:

NEW/ CURRENT

Mailing Address: _____
Street or P.O. Box

City, State Zip

Adding New Family Member: List the family members who you are adding to your household.
Attach another sheet of paper if needed.

<u>First Name</u>	<u>Last Name</u>	<u>Birth Date</u>	<u>SS#</u>	<u>Sex</u>	<u>Relationship</u>	<u>Elderly/Disabled</u>
1) _____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____

Deleting a Family Member: List the family members who you are removing from your household.
Attach another sheet of paper if needed.

1) _____	_____	_____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____	_____	_____

Increase in income: List all current income sources and recipients.

<u>First Name</u>	<u>Last Name</u>	<u>Source</u> (From where/who)	<u>Amount</u>	<u>How often</u> (Weekly/monthly)
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____

Decrease in income: List income that has been decreased, how much, and sources and recipients.

<u>First Name</u>	<u>Last Name</u>	<u>Source</u> (From where/who)	<u>Amount</u>	<u>How often</u> (Weekly/monthly)
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____

Certification: I certify that the above information is true and correct to the best of my knowledge and understand that any false statements are punishable under Federal law.

Signature of Head of Household

Date

Office use only:
Received by: _____
Date _____