

## Applicant - Change of Information Form

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

**My "OLD" Address / Telephone Number Is:**

\_\_\_\_\_

\_\_\_\_\_

**My "NEW" Address (if changed) / Telephone Number (if changed)**

\_\_\_\_\_

\_\_\_\_\_

**I now qualify for the job market preference point because:**

- I am employed over 20 hours per week
- I am disabled and receiving SSI or SSD
- Head of Household is now 62 years of age or older
- Head of Household is a Veteran
- Head of Household is a Victim of Domestic Violence

**\*Attach documentation for verification purposes**

**Tenant Name, Signature and Date**

\_\_\_\_\_ Phone Number \_\_\_\_\_

Print Tenant Name

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date