

APPLICATION UPDATE FORM

HOUSING AUTHORITY OF THE TOWN OF GLASTONBURY

<u>OFFICE USE ONLY</u>	
Date Information Entered:	_____
Application Change Letter Sent:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Head of Household First & Last Name: _____
 Last 4 Digits of Social Security #: _____
 Current Phone Number: _____
 Email Address: _____

CHANGE(S) BEING REPORTED (Please check box(s) and make changes below)

- Change of Address Change in Phone Number
 Change in Household Income Other (Describe below in "Other" section)
 Add or Remove a Member to the Household

New Address: _____

New Landlord Information: Currently Residing in Public Housing: Yes No
 Name: _____
 Phone Number: _____

New Phone Number: _____

Updated Household Income: *List all current sources of income for ALL household members. Must include 10 weeks (5 weeks bi-weekly) paystubs or letter from employer; unemployment benefit summary; social security award letter; pension disbursement; State of CT award letters*

<u>Family Member Name</u>	<u>Source of Income</u>	<u>Gross Monthly Amount</u>

Add/Remove Family Member: *(must complete a Section 214 and include birth certificate & social security card if less than 18 years old; Over 18 must submit a separate application for approval; Removing a family member must include signed letter from that family member)*

<u>Family Member Name</u>	<u>Relation to Head of Household</u>	<u>Sex</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Social Security Number</u>	<u>Request</u>
						<input type="checkbox"/> Add <input type="checkbox"/> Remove
						<input type="checkbox"/> Add <input type="checkbox"/> Remove
						<input type="checkbox"/> Add <input type="checkbox"/> Remove

Other: _____

Head of Household's Signature: _____
Date: _____