

**APPLICATION
UPDATE FORM**



**City of Phoenix
HOUSING DEPARTMENT**

Your application cannot be processed until the following information is completed in full. Please answer all questions completely and do not leave any blank areas.

**PLEASE PRINT CLEARLY AND USE PEN/INK
FAMILY COMPOSITION**

Head of Household

Last Name of Head of Household 1.		First Name		Middle Initial	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number	
Do you use any other social Security Number or Name? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, Name/Number:				Date of Birth		Place of Birth (City, State, Country)	
Marital Status – Please check only one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed							
Current Address:		Apt. #:	City, State:		Zip Code	Primary Phone ()	
Mailing Address:		Apt. #:	City, State:		Zip Code	Secondary Phone ()	

AFFIRMATIVE ACTION INFORMATION Applicants are considered for housing without regard to race, color, religion, sex, national origin, or sexual orientation. To help us comply with Federal/State recordkeeping, reporting and other legal requirements, please check the appropriate boxes.

Race (Check All That Apply)			Ethnicity (Check One)		Is the Head of Household or Spouse:		
1. <input type="checkbox"/> White	2. <input type="checkbox"/> Black/ African American	3. <input type="checkbox"/> American Indian/ Alaska Native	1. <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Elderly, 62 or older			
4. <input type="checkbox"/> Asian	5. <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		2. <input type="checkbox"/> Non-Hispanic or Latino	<input type="checkbox"/> Handicapped / Disabled			
					<input type="checkbox"/> None of These		

Does your family need reasonable accommodations? Yes No (If yes, indicate type needed)
 Wheelchair Accessibility Visual Impairment Hearing Impairment Separate Sleeping Quarters

Household Composition and Characteristics **List only those members who will be living with you.

Last Name 2.		First Name		Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number		Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5		Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this member a student? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Last Name 3.		First Name		Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number		Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5		Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this member a student? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Last Name 4.		First Name		Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number		Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5		Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this member a student? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Last Name 5.		First Name		Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number		Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5		Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this member a student? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Last Name 6.		First Name		Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number		Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5		Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this member a student? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Last Name 7.		First Name		Middle Initial	Relationship	Sex M / F	Age	Date of Birth
Social Security Number		Place of Birth (City, State, Country)		Race (Circle all that apply) 1 2 3 4 5		Ethnicity 1 or 2	Disabled-Accessibility Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this member a student? <input type="checkbox"/> Yes <input type="checkbox"/> No								



DECLARATION OF INCOME: Federal regulations require families residing in Federally assisted housing programs to report all sources of income currently being received or will be received BY ALL MEMBERS OF YOUR HOUSEHOLD. Are you or any member of your household receiving any of the following sources of income? PLEASE CHECK EITHER YES OR NO.

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	TANF or General Assistance	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Social Security	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Social Security (SSI)	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYMENT Name/Address:_____	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Farm Labor or Odd Jobs	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Benefits	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Disability Insurance (Workmen's Comp, etc)	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	VA Benefits	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Private Retirement and Pensions	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Child Support	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Military Pay and Allowances	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Death Benefits	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Settlements (Life Insurance, etc.)	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	College Grants Name/Address:_____	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	College Work Study	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Income from Business or Property	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Savings Accounts, checking accounts, dividends, stocks, bonds, treasury bills, certificates of deposit, money market accounts, etc. SPECIFY:_____	BANK NAME	_____	ACCT NUMBER	_____
<input type="checkbox"/>	<input type="checkbox"/>	Lump Sum Receipts (Inheritances, lottery, etc.)	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Assets (Property, trust deeds, notes, etc) Principal or Market Value:_____	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Personal Property held as an investment	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other Income (Specify): _____	MEMBER	_____	AMOUNT	_____
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone outside of your household pay for any bills or give you money?				

PLEASE INDICATE THE APPROPRIATE UPDATE(S) TO YOUR APPLICATION:

- HOUSEHOLD MEMBER(S) ADDED/REMOVED**
- ADDRESS**
- TELEPHONE NUMBER**
- INCOME INFORMATION**

Please return this application update to the property at which you applied.

To the best of my knowledge and belief, all information is accurate and complete on family composition, income, net family assets, allowances and deductions. I understand that false statements of information are punishable under federal and state law and that such action is grounds for rejection of your application and/or termination of housing assistance and tenancy.

Head of Household Date

Spouse Date

Adult Member Date

Adult Member Date

