



# City of Phoenix

HOUSING DEPARTMENT

## Section 8 Division

### Pre- Application Update Form Housing Choice Voucher (HCV) Program

*(Attach additional sheets of paper, if necessary, to report all household changes or corrections.)*

*Updates are not accepted over the phone and must be in writing.*

*Absence of a Social Security Number does not preclude application or participation in the program.*

Section A: HEAD OF HOUSEHOLD (HOH) INFORMATION						
Last Name		First Name		Social Security Number (SSN)		
SECTION B: CHECK THE BOX NEXT TO THE TYPE OF CHANGE(S) AND PROVIDE UPDATED INFORMATION/CORRECTIONS						
<input type="checkbox"/>	Change in HOH Name	Last Name		First Name		
<input type="checkbox"/>	Change of Address	Street Address			Apartment No.	
		City		State	Zip Code	
<input type="checkbox"/>	Change of Contact Information	New Phone Number: ( ) _____				
		New Email Address: _____				
SECTION C: ADD OR REMOVE FAMILY MEMBER(S)						
Check One	Last Name	First Name	SSN or ARN	Birth Date	Relationship to HOH	Sex (Check One)
Add <input type="checkbox"/>						Male <input type="checkbox"/>
Remove <input type="checkbox"/>						Female <input type="checkbox"/>
Add <input type="checkbox"/>						Male <input type="checkbox"/>
Remove <input type="checkbox"/>						Female <input type="checkbox"/>
Add <input type="checkbox"/>						Male <input type="checkbox"/>
Remove <input type="checkbox"/>						Female <input type="checkbox"/>
Add <input type="checkbox"/>						Male <input type="checkbox"/>
Remove <input type="checkbox"/>						Female <input type="checkbox"/>
SECTION D: ADD OR REMOVE OPTIONAL CONTACT PERSON OR ORGANIZATION						
Add <input type="checkbox"/>	Name of Person or Organization					
Remove <input type="checkbox"/>	Street Address (including Apt. or Suite No.), City, State, Zip Code					
	Telephone No.			Cell Phone No.		

	Relationship to Applicant
	Reason Code (Check All That Apply)
	<input type="checkbox"/> Emergency <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Unable to Contact You <input type="checkbox"/> Change in Lease Terms <input type="checkbox"/> Termination of Rental Assistance <input type="checkbox"/> Change in House Rules <input type="checkbox"/> Eviction from Unit <input type="checkbox"/> Other _____ <input type="checkbox"/> Late Payment of Rent

**SECTION E: SIGNATURE**

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form by Mail: City of Phoenix Housing Department  
 Section 8 Division  
 830 E. Jefferson Street  
 Phoenix, AZ 85034 -2218**

<b>For Official Use Only</b>	Client Number	Date	Staff
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