

FOR OFFICE USE ONLY	ACCOUNT #:	DATE:	STAFF:
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TOWN OF SOUTHAMPTON HOUSING AUTHORITY  
**UPDATE / CORRECTION REQUEST**  
HOUSING CHOICE VOUCHER PROGRAM

**Please Check All Boxes That Apply:**

**SECTION A: HEAD OF HOUSEHOLD INFORMATION**

	LAST NAME	FIRST NAME	SOCIAL SECURITY #
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**SECTION B: CHECK BOX NEXT TO TYPE OF CHANGE(S) and PROVIDE UPDATED INFORMATION/CORRECTION(S)**

<input type="checkbox"/> CHANGE OF ADDRESS	STREET ADDRESS _____ APT # _____ CITY _____ STATE _____ ZIP CODE _____
<input type="checkbox"/> CHANGE OF PHONE NUMBER	NEW PHONE NUMBER(S): _____
<input type="checkbox"/> CHANGE OF EMPLOYMENT	DOES AN ADULT IN THE HOUSEHOLD WORK IN THE TOWN OF SOUTHAMPTON? YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> CHANGE IN INCOME	FAMILY'S TOTAL MONTHLY GROSS INCOME: \$ _____
<input type="checkbox"/> CHANGE IN DISABILITY STATUS	IS THE HEAD of HOUSEHOLD, or CO-HEAD of HOUSEHOLD, or SPOUSE, PERMANENTLY DISABLED: YES <input type="checkbox"/> NO <input type="checkbox"/>
<input type="checkbox"/> CHANGE IN VETERAN STATUS <i>(Attach proof)</i>	IS THE HEAD of HOUSEHOLD, or CO-HEAD of HOUSEHOLD, A U.S. VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/> IS THE HEAD or CO-HEAD of HOUSEHOLD, THE WIDOWED SPOUSE OF A U.S. VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/> <small>NOTICE TO VETERANS: Veterans receive a waiting list preference for the Section 8 Program. You must attach a copy of Honorable Discharge Form DD214, or other official document, to receive a waiting list preference.</small>
<input type="checkbox"/> CHANGE IN HOMELESS STATUS	CURRENT LIVING SITUATION: SHELTER <input type="checkbox"/> HOTEL/MOTEL <input type="checkbox"/> IN CAR <input type="checkbox"/> OTHER <input type="checkbox"/> _____

**SECTION C: ADD OR REMOVE FAMILY MEMBER(S)**

CHECK ONE:	LAST NAME	FIRST NAME	SOC. SEC. #	BIRTH DATE	RELATION TO HEAD	SEX
<input type="checkbox"/> Add <input type="checkbox"/> Remove						M <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Remove						M <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Remove						M <input type="checkbox"/> F <input type="checkbox"/>
<input type="checkbox"/> Add <input type="checkbox"/> Remove						M <input type="checkbox"/> F <input type="checkbox"/>

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

RETURN BY MAIL: TOWN OF SOUTHAMPTON HOUSING AUTHORITY  
PO BOX 799  
HAMPTON BAYS, NY 11946