

Section 8 Application Update Form

Name: _____ Phone #: _____

I am reporting a change in my address. I now reside at / receive mail at : _____

Social Security Number _____ DOB _____
If other than head of household, family member who experienced change: _____

I am reporting the following change(s) {Check all that apply and explain below}

<input type="checkbox"/>	New Employment	<input type="checkbox"/>	WFFA / AFDC benefits started
<input type="checkbox"/>	Employment has ended / Layoff	<input type="checkbox"/>	WFFA / AFDC benefits stopped
<input type="checkbox"/>	Employment hours reduced	<input type="checkbox"/>	Child Support started
<input type="checkbox"/>	Changed jobs	<input type="checkbox"/>	Child Support stopped
<input type="checkbox"/>	Unemployment benefits started/ended	<input type="checkbox"/>	Social Security / SSI benefits started
<input type="checkbox"/>	Daycare expense started	<input type="checkbox"/>	Social Security / SSI benefits stopped
<input type="checkbox"/>	Daycare expense stopped	<input type="checkbox"/>	Other (Must explain in space provided*)

<input type="checkbox"/>	I need to add someone to my household	<input type="checkbox"/>	I need to remove someone from my household
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Name of person(s) being added or removed from household: _____
SSN and date of birth: _____
Relationship to head of household: _____

Current Employer					
Employer	Address	Address	Ending date	Hours per week	Hourly Rate

Previous Employer					
(Must be completed if reporting a job ending, layoff, or change in jobs)					
Employer	Address	Address	Ending date	Hours per week	Hourly Rate

* Explanation: _____

Signature: _____ Date: _____