

**TERRELL HOUSING AGENCY CHANGE/UPDATE FORM  
WL APPLICANT OR HCV TENANT (CIRCLE ONE)**

Today's Date: \_\_\_\_\_

Applicant/ Head of Household Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone No: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ Cell Phone No.: \_\_\_\_\_

Business Phone No: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ email address: \_\_\_\_\_

**Household Member(s) to ADD:**

Name and Relationship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Monthly Income/Source of Income: \_\_\_\_\_

**Household Member(s) to REMOVE:**

Name: \_\_\_\_\_

**HOUSEHOLD INCOME TO ADD: (START OR INCREASE) (Ex: Job, TANF, Child Support, Family Contribution, SocSec, SSI, ETC.) ATTACH ANY AWARD LETTER OR DOCUMENTATION RECEIVED**

Name: \_\_\_\_\_

Source of Income: \_\_\_\_\_ Amount \$ \_\_\_\_\_ (month or week-Select)

START DATE: \_\_\_\_\_ OR Date Amount INCREASED: \_\_\_\_\_

FOR JOB: NAME OF EMPLOYER: \_\_\_\_\_

Full Address of Employer: \_\_\_\_\_

Employer Phone No: \_\_\_\_\_ Employer Fax no. \_\_\_\_\_

IF JOB: Hourly Rate: \$ \_\_\_\_\_ X \_\_\_\_\_ hours per week OR Monthly Gross Salary: \$ \_\_\_\_\_

START DATE: \_\_\_\_\_ OR DATE AMOUNT INCREASED: \_\_\_\_\_

**(FOR JOB, MUST ALSO SUPPLY FIRST PAYCHECK STUB WHEN RECEIVED)**

**Household Income to REMOVE (Stop or Decrease) ATTACH ANY DOCUMENTATION RCVD**

Name: \_\_\_\_\_

Source of Income: \_\_\_\_\_ Amount \$ \_\_\_\_\_ (month or week-Select)

STOP Date: \_\_\_\_\_ OR Date Amount DECREASED: \_\_\_\_\_

IF JOB: EMPLOYER NAME: \_\_\_\_\_ AND Termination Date \_\_\_\_\_

\*Are you currently on the HCV Program? Yes / No. \* Is there a Disabled Family Member residing in the Household? Yes / No

\*If you are Reporting an INCREASE in Income, is it an Increase from an ADULT Disabled Family Member? Yes / No

(NOTE TO CLERK: IF YES TO ALL, CHECK FOR EID)

Signature of Applicant/ Head of Household: \_\_\_\_\_

(FOR OFFICE USE ONLY) Accepted by: \_\_\_\_\_

Update: \_\_\_\_\_ phoned in \_\_\_\_\_ walked in \_\_\_\_\_ left message

