

# **Public Housing Application Update/ Change of Status Request**

*\*\*Changes in address, telephone number, contact information, or household **must** be submitted in writing by the head of household listed on the application. It is the applicant's responsibility Failure to report these changes may result in your application being **withdrawn** due to staff being unable to contact you\*\**

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## **ADDRESS CHANGE UPDATE**

Head of Household Full Name **(Please print)**: \_\_\_\_\_

Last (4) digits of Social Security Number: XXX-XX-\_\_\_\_\_

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

Cell Phone: (    ) \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_

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## **HOUSEHOLD COMPOSITION UPDATE**

*\*\*Birth Certificate, Social Security Cards, Photo ID (over 18 years old) will be required\*\**

\_\_\_\_\_ Add family member    \_\_\_\_\_ Delete family member

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Last 4 digits of Social Security Number: XXX-XX-\_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

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Place of Birth: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

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## **HOUSING PREFERENCE UPDATE (current verification must be included)**

\_\_\_\_\_ Working Preference (2 pay stubs)

\_\_\_\_\_ Wake County Resident or Employee (Wake County ID or Proof of Job Location)

\_\_\_\_\_ Disability Preference (SSI Award Letter)

\_\_\_\_\_ Other \_\_\_\_\_

\*Anyone knowingly and willingly making false or fraudulent statements to any department of the United States Government is guilty of a felony under Section 1001 of Title 18 of the United States Code