

REQUEST TO UPDATE HOUSING CHOICE VOUCHER APPLICATION

Full name (print): _____

Social Security # _____ Date of Birth: _____

Spouse name (print): _____

Social Security# _____ Date of Birth: _____

INFORMATION TO BE UPDATED:

Change of Address:

Change of Income:

Person receiving income: _____

Source of income: _____

Gross amount of income: \$ _____ weekly monthly annually

Change in Preference (please check the appropriate boxes):

Local residents-

- Resident of Cooke County
- Working or hired to work in Cooke County

Working families –

- Head of household that has been employed for 3 consecutive months for at least 25 hours per week

Elderly or Disabled -

- Head of household, spouse or sole member is age 62 or older
- Head of household, spouse or sole member is a person with disabilities

Victims of Domestic Violence-

- Must register with Abigail’s Arms Cooke County Family Crisis Center and obtain a valid protective order. Abigail’s Arms will provide a letter of referral stating an immediate need for housing under this preference.

Veteran-

- A person who served in the active military, naval, or air force, and who was discharged or released from service under conditions other than dishonorable.

Signature

Date