HOUSING AUTHORITY OF ROCK HILL
PUBLIC HOUSING SECTION 8
UPDATE FORM

DATE: _____

SECTION A GENERAL INFORMATION

NAME: _____
FIRST **LAST** **MI**

Social Security Number: - - **Date of Birth:** ___/___/___

NEW NAME CHANGE

OLD ADDRESS: CITY: _____ STATE: _____ ZIP: _____

NEW ADDRESS: CITY: _____ STATE: _____ ZIP: _____

OLD PHONE NUMBER: (___) ___- ____ **NEW PHONE NUMBER:** (___) ___- ____

HEAD OF HOUSEHOLD: **SPOUSE:** _____

SECTION B ADD NEW FAMILY MEMBERS

1 . _____ SSN # - - DOB: _____

2 . _____ SSN # - - DOB: _____

SECTION C REMOVE FAMILY MEMBERS

1 . _____ RELATIONSHIP: _____ AGE: _____

2 . _____ RELATIONSHIP: _____ AGE: _____

SECTION D INCOME CHANGE

OLD COMPANY: _____ ADDRESS: _____

END DATE: ___/___/___ REASON FOR LEAVING: _____

NEW COMPANY: _____ ADDRESS: _____

START DATE: ___/___/___

HRLY RATE: _____ #HRS WORKED: _____ WEEKLY GROSS: _____ BI-WEEKLY GROSS: _____

SUPERVISOR: _____ TELEPHONE: (___) ___- ____

OTHER INCOME ($amounts) STARTING DATE: ___/___/___ (or) ENDING DATE ___/___/___

AFDC /WORK FIRST ($): _____ CHILD SUPPORT ($): _____ SOCIAL SECURITY ($): _____

SSI ($): _____ UNEMPLOYMENT BENEFITS ($): _____