



ROCKFORD HOUSING COMMISSION APPLICATION UPDATE FORM

Primary Applicant's Name: _____

Primary Applicant's Social Security Number: _____

Confirm Current Address & Phone #: _____

Street Address

Apt/Unit #, if any

City

State

Zip Code

Phone Number

ACTION TO BE TAKEN:

_____ Add Family Member(s)

_____ Remove Family Member(s)

_____ Add Disability

_____ Remove Disability

_____ Add Income

_____ Remove Income

_____ Address/Phone Change

LIST ALL PERSONS WHO WILL BE ADDED OR REMOVED FROM YOUR APPLICATION:

	Name	Relationship	Sex	S.S. #	Add	Remove
1.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

LIST ANY CHANGES IN INCOME:

Household Member	Source of Income	Amount of Income	Add	Remove
_____	_____	\$ _____ per _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____ per _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____ per _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	\$ _____ per _____	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

**PLEASE RETURN BY FAX OR MAIL TO: Rockford Housing Commission
59 South Main Street
Rockford, MI 49341
Fax: (616) 866-7183**

PHONE: (616) 866-0371 • FAX: (616) 866-7183 • WEBSITE: www.rockfordhousing.org
59 SOUTH MAIN STREET • ROCKFORD, MI 49341