



SECTION 8 APPLICATION UPDATE

ROCKFORD HOUSING COMMISSION

59 S Main Street
Rockford, MI 49341
TEL: 616.866.0371 FAX: 616.866.7183

PLEASE PROVIDE INFORMATION TO BE UPDATED ON ROGUE VALLEY TOWERS APPLICATION

Action to be taken: _____

Please indicate what you need to update below: _____

Address/Phone Change: _____

Add Family Member(s): _____

Remove Family Member(s): _____

Primary Applicant's Last Name: _____

Primary Applicant's First Name: _____

Primary Applicant's Social Security Number: _____

Phone Number: _____

Please confirm your current address: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

CERTIFICATION

I hereby certify that the information given in this application is true and correct. I understand that this information is confidential and will be used only to determine eligibility and suitability for the Section 8 Housing Choice Voucher Program. I understand that in order to determine eligibility, a criminal history record and credit history will be run on all applicants age 18 or over.

SIGNATURE OF HEAD _____ DATE: _____

CO-APPLICANT _____ DATE: _____

HOUSING COMMISSION REPRESENTATIVE _____

Applicant Updated: DATE: _____ TIME: _____