

APPLICATION UPDATE FORM FOR: PUBLIC HOUSING or HOUSING CHOICE VOUCHER



Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Limited English Proficiency: _____ Email: _____

Do you require oral and/or written information in any language other than English? Yes No

If yes, which language: _____. Please contact the Knox County Housing Authority Central Office for assistance. If no, continue.

I am reporting a change in (please check all that apply):

Income (please complete income information on the back of this page) Family size New address – date moved _____

Other – please specify _____

Household Composition (List all persons who will be part of your assisted unit):

Full name	Social Security Number	Relation to Head	Sex	Birthdate	Age	Disabled* Yes/No	FT Student Yes/No	Date Employed	Avg. Hrs. Employed	County Employed
		HOH								

**Applicants are not required to disclose being disabled. However, preference points for which persons with disabilities are entitled cannot be provided unless the Applicant discloses this information.*

OFFICIAL USE ONLY			
Date: _____	Time: _____	BR Size: _____	Pref. Points: _____

Household Composition continued

1. Is the Head of Household (HOH), Spouse, or Co-Head of Household enrolled full time in a job training program? Yes No

If yes, please list the specific job training program: _____

2. Has the HOH, Spouse, or Co-Head graduated from a school of higher learning or a job training program in the last six months? Yes No

CURRENT HOUSING INFORMATION

1. How much do you pay for rent? _____ 2. How much do you pay for utilities (electric, gas, water) _____

3. Landlord _____ 4. Landlord phone number _____

5. Landlord address _____ City: _____ State: _____ Zip Code: _____

6. Are you a victim of domestic violence? Yes No

7. Are you being involuntarily displaced or living in substandard housing? Yes No Explain: _____

8. Are you homeless? Yes No Explain: _____

VETERAN STATUS

1. Are you a veteran or a surviving spouse of a veteran of the United States Armed Forces? Yes No If yes, type of discharge _____

2. Are you a current member of the United States Armed Forces? Yes No

INCOME AVAILABLE TO HOUSEHOLD (List all gross income earned or received by everyone in the household regardless of age.)

Income Source	Yes	No	Family Member	Source	Frequency	Amount
Wages or Earnings						
TANF (cash assistance)						
SSI and/or Social Security						
Child Support and/or Alimony						
Unemployment						
Regular Contributions						
Other						

Signatures of all adult members of the household:
