



Tel: 574-235-9346

Web: www.hasbonline.com

501 Alonzo Watson Drive

South Bend, IN 46601

PROGRAM UPDATE SHEET

Housing Choice Voucher Program

YOUR Status: Applicant Tenant

I. Address: (Everyone MUST complete this section)

Is this an address change? YES NO

NAME: _____

Address: _____

City, State, Zip: _____

Phone: (_____) _____ Social Security Number: _____

II. Household Composition: ADD DELETE

If adding a household member, you MUST provide a copy of a birth certificate, Social Security Card, and Picture ID (if the new household member is over age 18).

FULL NAME	Disabled (Y/N)	Sex	Relationship	Birth Date	Race	Age	Social Security Number

The South Bend Housing Authority is required to request disclosure of your Social Security Number pursuant to 24 CFR Section 750, 10 and 118(a)(1), and to maintain information on race and gender pursuant to 24 CFR 107.3(a).

III. EMPLOYMENT: Started Increase/Decrease Ended

Employer Name: _____

Address: _____

City, State, Zip: _____

Number of Hours/Week: _____ Hourly Rate: \$ _____ Effective: _____



Tel: 574-235-9346
Web: www.hasbonline.com
501 Alonzo Watson Drive
South Bend, IN 46601

IV. OTHER INCOME SOURCE CHANGES:

	Started:	Stopped:	Effective Date:	Monthly Payment:
<input type="checkbox"/> TANF	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/> SNAP	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/> SSI	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/> CHILD SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

Source: _____
Address: _____
Telephone: _____

V. EXPENSES: (Check One) Started Stopped Increase/Decrease Medical
 Child care

Effective Date: _____

Source: _____

Address: _____

Telephone: _____

VI. EDUCATION: (Check One) Started Stopped

School Name: _____

Address: _____

City, State, Zip: _____

Full Time or Part Time: _____

Effective Date: _____

CERTIFICATION STATEMENT: I certify that all information provided in this update is true and correct and that falsification may constitute grounds for denial or termination of assistance.

Signature

Date