

# HOUSING AUTHORITY OF LANCASTER

3502 Caroline Courts ~ P. O. Box 1235

Lancaster, South Carolina 29721

Phone: 803-285-7214 ~ Fax: 803-283-2049

## APPLICATION UPDATE FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_

**( ) Address Change:**

Current Address: \_\_\_\_\_ Old Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code City State Zip Code

**( ) Change of phone:** Current Phone No. \_\_\_\_\_

**( ) Employment Information:**

Current Job: \_\_\_\_\_ Old Job: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 No longer working

*(Must provide 4 weekly/2 bi-weekly check stubs to add new income. If you are no longer working, provide separation letter)*

**( ) Other Income Information (Monthly):**  Started or  Stopped

_____ AFDC/Food Stamps	\$ _____	_____ Self-Employment	\$ _____
_____ Child Support	\$ _____	_____ Social Security	\$ _____
_____ Gifts/Contributions (from Family/Friends)	\$ _____	_____ Unemployment	\$ _____

*(Provide proof of all reported income)*

**( ) Addition/Removing Someone from Application:**

Add or  Remove-Name of Person: \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Contact No. \_\_\_\_\_

Reason for adding/removing: \_\_\_\_\_

I /We hereby certify that the above information provided on my/our condition is accurate and true. I/we understand that false statements or information are punishable under Federal Law and grounds for termination of eligibility. I hereby authorize the release of the above requested information to Housing Authority of Lancaster.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Waiting List: ( ) Public Housing ( ) HCV (Section 8) System Updated: ( ) Yes ( ) No

Comment: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_