

GRAND RAPIDS HOUSING COMMISSION

Application Update Form

Office Use Only

Current
 Default
 Section 8
 LIPH
 Other
 Check Status
Change

Primary Applicant's Name: _____

Primary Applicant's Social Security Number: _____

.....
Please Confirm Current Address: _____

Street Address

City State Zip Code Phone Number

Action to be taken:

____ Add Family Member(s) ____ Remove Family Member(s)

____ Address/Phone Change ____ Add Disability ____ Remove Disability

List all persons who will be added or removed from your application:

Name	Relationship	Sex	SSN	Birth Date	Add	Remove
1.- _____	_____	_____	_____	_____	_____	_____
2.- _____	_____	_____	_____	_____	_____	_____
3.- _____	_____	_____	_____	_____	_____	_____

.....
Change of Income: ____ Add Income ____ Remove Income

Household Member	Source of Income	Amount of Income	How Often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

.....

Signature

Today's Date

Mail completed form to: Grand Rapids Housing Commission
1420 Fuller Ave. SE
Grand Rapids, MI 49507