

# 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