CITY OF NIAGARA FALLS, NEW YORK

DEPARTMENT OF COMMUNITY DEVELOPMENT

SECTION 8 – LEASED HOUSING PROGRAM

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# APPLICATION UPDATE FORM

## SECTION 8 – LEASED HOUSING

Date Click here to enter text. Position # Click here to enter text.

WHAT HAS CHANGED? (CHECK ALL THAT APPLY)

INCOME  HOUSEHOLD COMPOSITION  ADDRESS/TELEPHONE

Name Click here to enter text.

Address Click here to enter text.

City, State Click here to enter text. Zip Code Click here to enter text.

Telephone Number Click here to enter text. Email address: Click here to enter text.

LIST ALL MEMBERS OF HOUSEHOLD

(PLEASE PRINT)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Relationship** | **M/F** | **Handicapped or  Disabled? Y/N** | **SSN** |
| Click here to enter text. | Click here to enter text. | SELF | **M  F** | **Y  N** | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | **M  F** | **Y  N** | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | **M  F** | **Y  N** | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | **M  F** | **Y  N** | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | **M  F** | **Y  N** | Click here to enter text. |

**ARE YOU HOMELESS?**  YES  NO

**HAVE YOU EVER BEEN REMOVED FROM A**

**HCV PROGRAM DUE TO INSUFFICIENT FUNDING?**  YES  NO

TOTAL **MONTHLY** HOUSEHOLD INCOME $ Click here to enter text.

APPLICANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY

Date Rcvd \_\_\_\_\_\_\_\_\_\_\_ Application # \_\_\_\_\_\_\_\_\_\_\_\_ Changed in Sys by \_\_\_\_\_\_\_\_\_\_\_

APPLICATION DATE 07/16/2020