



# Application Update Form

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ClevelandHousingAuthority.org  

Date \_\_\_\_\_

Section 8     Public Housing     Both

### For Office Use ONLY

Bedrooms \_\_\_\_\_

App Status \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
                    [Street Name and Number]                      [City]                      [State]              [Zip]

SSN: \_\_\_\_\_                      Phone: \_\_\_\_\_

- 1.  Address Change     Phone Number Change
  
- 2.  Income Change    Employer: \_\_\_\_\_  
                                    Date Started: \_\_\_\_\_    Rate of Pay: \_\_\_\_\_    Average Hours Weekly: \_\_\_\_\_
  
- 3.  Food Stamps    Amount: \_\_\_\_\_  
     Families First    Amount: \_\_\_\_\_
  
- 4.  Child Born    Name: \_\_\_\_\_    DOB: \_\_\_\_\_    Gender  (M)  (F)
  
- 5.  Add to App.    Name: \_\_\_\_\_    DOB: \_\_\_\_\_    Gender  (M)  (F)
  
- 6.  Started School    School Name: \_\_\_\_\_    Date Started: \_\_\_\_\_
  
- 7.  Other Info    \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

PHA Rep / Date Processed: \_\_\_\_\_