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