

**GREATER METROPOLITAN AREA HOUSING
AUTHORITY OF ROCK ISLAND COUNTY**

**APPLICATION UPDATE FORM
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM**

Return To:
Section 8 Program
2215 Morton Drive
East Moline, IL 61244

Date: _____

Name: _____ SS# _____

Has your address changed since you first applied? Y / N

Prior Address: _____

New Address: _____

Daytime Phone: _____ Cell phone: _____

If you have no phone, who may we call to leave a message? _____

List ALL persons who will be part of your assisted unit, beginning with the head of household.

<u>Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Age</u>	<u>Relationship to Head of Household</u>
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Does anyone live with you now who is not listed above? _____ If yes, please give name & relationship to head of household. _____

List gross monthly income. ALL income must be reported.

<u>Income Source</u>	<u>Family Member Receiving</u>	<u>Monthly gross income</u>
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When did you move into this address? _____

Other changes to report? Please describe: _____

I declare that all changes submitted are true, correct and complete.

Signature/Date

PLEASE KEEP CHANGES/UPDATES REPORTED AT ALL TIMES! IF WE CANNOT CONTACT YOU, YOUR NAME WILL BE REMOVED FROM THE WAITING LIST.