

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

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

Return To:
Section 8 Program
621-17th Avenue
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.

Name Gender Date of Birth Age Relationship to Head of Household

Does anyone live with you now who are not listed above? _____ If yes, please give name & relationship to head of household. _____

List gross monthly income. ALL income must be reported.

Income Source Family Member Receiving Monthly gross income

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.

PLEASE COMPLETE THIS INFORMATION AND RETURN IN THE ENCLOSED ENVELOPE WITHIN 10 DAYS TO:

**Greater Metropolitan Area Housing Authority
Of Rock Island County
621 17th Avenue
East Moline, IL 61244**

[] All of my information listed on my application as listed on the front of the letter is correct.

[] Please correct my information with the following changes:

| | |
|-----------------------|------------------|
| SSN: | NAME: |
| ADDRESS: | CITY, STATE, ZIP |
| TELEPHONE: | E-MAIL: |
| FAMILY SIZE: | DATE OF BIRTH: |
| DISABLED (yes or no): | OTHER NOTATIONS: |