



Tyrone Garrett, Executive Director

HOUSING APPLICATION UPDATE

If you are a current **program participant, or resident**, do NOT use this update form. Please report any changes to your address, income and family composition to your housing manager or your recertification specialist. If you have been scheduled for your eligibility determination or have already been deemed eligible for any DCHA program, you **must** make such changes in person at the DCHA Eligibility and Continued Occupancy Division, 1133 North Capitol Street, NE, Washington DC 20002.

Mail the completed form to: DC Housing Authority
Eligibility and Continued Occupancy Division
1133 North Capitol Street, NE, Room 178
Washington, DC 20002

If you need assistance in completing the update form, you can visit the Eligibility and Continued Occupancy Division Monday through Friday between 8:30 am and 4:30 pm. No appointment is necessary. To check the status of your application, please call DCHA Customer Call Center - 202 535 1000, visit www.dchousing.org or TTY use may call DC Relay at 202 855 1234. **PLEASE CHECK ALL CHANGES THAT APPLY:**

- A. NEW ADDRESS [] – Go to Section A
NEW PHONE # [] – Go to Section A
ADD/UPDATE EMAIL [] – Go to Section A
- B. CHANGE IN HOUSEHOLD COMPOSITION [] – Go to Section B
- C. CHANGE IN INCOME [] – Go to Section C
- D. ADD/REMOVE PREFERENCE [] – Go to Section D
- E. ADD/REMOVE REASONABLE ACCOMMODATION REQUEST [] – Go to Section E

SECTION A -APPLICANT INFORMATION MUST ALWAYS BE COMPLETED. PLEASE INDICATE CHANGE IN ADDRESS AND/OR TELEPHONE NUMBER:

Print your current mailing address. Please make sure to include the apartment number, if applicable, and zip code. Provide your home and work phone numbers or any other numbers(s) where you can be reached. Please print legibly.

NAME: _____ SOCIAL SECURITY # _____
ADDRESS: _____ WARD/COUNTY _____
CITY: _____ STATE: _____ ZIP CODE: _____
HOME PHONE : _____ CELL PHONE: _____ WORK PHONE: _____
EMAIL: _____



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SECTION B – CHANGE IN HOUSEHOLD MEMBER INFORMATION:

If there is a change in your family composition you may add or remove household members. Please list the name, relationship, birthdate, sex, age and social security number for **all** persons who will live in your unit, **including yourself**.

| Check one | NAME | RELATIONSHIP | BIRTHDATE | SEX | AGE | S.S.# |
|---|------|--------------|-----------|-----|-----|-------|
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 1. | | | | | |
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 2. | | | | | |
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 3. | | | | | |
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 4. | | | | | |
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 5. | | | | | |
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 6. | | | | | |
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 7. | | | | | |
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 8. | | | | | |

*attach sheet to list additional family member information

SECTION C - INCOME INFORMATION:

If there is a change in the household income; list name, source of income and amount of income received for **all** household members who will live in your unit.

| | NAME | SOURCE OF INCOME | AMOUNT PER MONTH |
|---|------|------------------|------------------|
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 1. | | |
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 2. | | |
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 3. | | |
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 4. | | |
| <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE | 5. | | |

*attach sheet to list additional family member information.



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SECTION D - PREFERENCE DEFINITION:

For applicants whose preference(s) have changed, check the appropriate preference which best describes your current housing condition. Check all that apply. **This information must be verified at the time of your eligibility interview.**

ADD **REMOVE**

- Homeless; living in transitional housing, living in a licensed shelter for the homeless, or not having a fixed address.
- Displaced due to government action, disaster (such as fire or flood), or actions taken by owner.
- Displaced due to recent or continuing domestic violence.
- Displaced due to recent or continuing hate crimes.
- Unable to fully use current housing due to inaccessibility of unit because I or a member of my family has a mobility or other impairment.
- Living in a unit unfit for habitation and it has building/housing code violations.
- Currently paying more than 50% of my income towards rent and utilities.

WORKING FAMILIES— I (applicant) and/or my spouse is/are (Check all that apply):

ADD **REMOVE**

- Currently working at least 20 hours per week;
- Currently self-employed;
- Attending a certified General Equivalency Diploma (GED) Program;
- Participating in a verifiable job training program;
- 62 years of age or older; or
- Disabled.

SECTION E - REASONABLE ACCOMMODATION INFORMATION:

A reasonable accommodation is a change that can be made to a unit or procedure to allow a person with disabilities to have the same opportunity for housing as any other applicant. The information provided will help DCHA better serve those applicants requiring special features in their units. These special features are known as "Reasonable Accommodations." If you marked disabled on your application, please indicate if



District of Columbia Housing Authority

1133 North Capitol Street, NE Washington, DC 20002-7599

TEL: 202-535-1000

www.dchousing.org

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you or a family member with a disability need to request or remove any of the special features listed as a reasonable accommodation.

If you marked the disabled preference, please indicate if you or a family member with a disability need any of the following special features as a reasonable accommodation:

ADD REMOVE

- Wheelchair Accessible Unit
 Hearing Impaired Hardware
 Sight Impaired Accommodations

 Live-In Aide
 Unit Without Steps
 Other _____

The following information is required for statistical purposes by the United States Department of Housing and Urban Development to insure non-discriminatory practices in the program.

Is the primary language spoken by the head of household English?

- YES NO

If 'No', please select the language spoken:

- Spanish Amharic
 Chinese French
 Vietnamese Other: _____
 Korean

Update **MUST** be signed and dated to be considered complete.

I declare that the statements contained in this application are true and correct and that I have not made a false statement, given false information or omitted information in connection with this application.

Applicant's Signature & Date

Co-Applicant's Signature & Date

WARNING: False statements are a basis for rejection of your application, eviction or termination from a program and may be a criminal offense under Section 1001 of Title 18 of the U.S. Code for federally aided developments.