



DISTRICT OF COLUMBIA HOUSING AUTHORITY

APPLICATION UPDATE FORM

Please provide the following information so that we can UPDATE the information in the District of Columbia Housing Authority (DCHA) waiting lists. If we do not receive a completed form from you we will remove your name from the DCHA waiting list

Please fill in the blanks below with the information requested

Social Security No. - - - - -	Last Name _____	First Name _____
Home Phone No. () - - - - -	Alternate Phone No. () - - - - -	Alternate Phone No. () - - - - -
Address		
Street: _____		
City: _____		
	State	Zip Code

Race
This information is for statistical purposes only (check one block below)

White Black American Indian or Alaskan Native Asian or Pacific Islander

Language
Is Primary Language Spoken by Head of Household English? Yes No If no, please check language spoken

Spanish Chinese Vietnamese Korean Amharic Other _____

Are you or your spouse or significant other disabled?

YES NO

Program(s) from which Assistance is being requested
(check each of the types of assistance that you want)

<input type="checkbox"/> Public Housing Housing owned by DCHA	<input type="checkbox"/> Section 8/Housing Choice Voucher A subsidy that applicant may take to any landlord	<input type="checkbox"/> Moderate Rehabilitation The subsidy is attached to the unit. A voucher is not provided.
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Head of Household Information

Please fill in each line as requested

Relationship		<input checked="" type="checkbox"/> Head		<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Adult	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son	<input type="checkbox"/> Live-in Aide	<input type="checkbox"/> Other
Last Name	First Name	M.I.	Sex	Social Security Number					
_____	_____	_____	_____	_____ - _____ - _____					
Birth Date	Grade in School completed (circle one)						Annual Income		
____/____/____	Primary	Secondary	College				\$		
	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 4+					_____		
Income Source		(check all that apply on line below)							
<input type="checkbox"/> Wages	<input type="checkbox"/> Social Security	<input type="checkbox"/> Public Assistance/TANF					<input type="checkbox"/> Other		

Information for Each Additional Household Member

Complete one block below for each additional member of the household, providing all information requested

Relationship		<input type="checkbox"/> Spouse		<input type="checkbox"/> Other Adult	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son	<input type="checkbox"/> Live-in Aide	<input type="checkbox"/> Other
Last Name	First Name	M.I.	Sex	Social Security Number				
_____	_____	_____	_____	_____ - _____ - _____				
Birth Date	Grade in School completed (circle one)						Annual Income	
____/____/____	Primary	Secondary	College				\$	
	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 4+					_____	
Income Source		(check all that apply on line below)						
<input type="checkbox"/> Wages	<input type="checkbox"/> Social Security	<input type="checkbox"/> Public Assistance/TANF					<input type="checkbox"/> Other	

Relationship		<input type="checkbox"/> Spouse		<input type="checkbox"/> Other Adult	<input type="checkbox"/> Daughter	<input type="checkbox"/> Son	<input type="checkbox"/> Live-in Aide	<input type="checkbox"/> Other
Last Name	First Name	M.I.	Sex	Social Security Number				
_____	_____	_____	_____	_____ - _____ - _____				
Birth Date	Grade in School completed (circle one)						Annual Income	
____/____/____	Primary	Secondary	College				\$	
	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 4+					_____	
Income Source		(check all that apply on line below)						
<input type="checkbox"/> Wages	<input type="checkbox"/> Social Security	<input type="checkbox"/> Public Assistance/TANF					<input type="checkbox"/> Other	

IF NEEDED PLEASE USE THE EXTRA SHEET PROVIDED FOR ADDITIONAL HOUSEHOLD MEMBERS

WHAT IS YOUR CURRENT LIVING CONDITION?

- I have been displaced due to recent or continuing domestic violence.
- I have been displaced due to recent or continuing hate crimes.
- I am homeless; living in transitional housing, living in a shelter for the homeless, or I have no permanent address.
- I am unable to fully use my current housing due to inaccessibility of my unit because I or a member of my household has a mobility or other impairment.
- I am currently paying more than 50% of my income towards rent and utilities.
- I am living in a unit unfit for habitation or it has building or housing code violations.
- I am, or my Spouse or the Co-head of household is, Employed at least 20 hours per week.
- I am, or my Spouse or the Co-head of household is, attending school full time.
- I am, or my Spouse or the Co-head of household is, attending a certified GED program.
- I am, or my Spouse or the Co-head of household is, participating in a verifiable job training program.
- I am, or my Spouse or Co-head of household is, verifiably Self -Employed.

Reasonable Accommodation Needs

Do you or any member of your household have a need for a reasonable accommodation, selection of or modification to a unit for any of the following reasons. Please check any that apply.

- Difficulty climbing steps
- Need features within the unit that allow me or a member of my household to use a wheelchair, walker or other such assistive device
- Sight impaired
- Hearing impaired
- Need a Live-in Aide
- Other

Certification

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 update

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.

Update MUST be signed and dated to be considered complete

Applicant's Signature & Date

Co-Applicant's Signature & Date

EXTRA SHEET FOR ADDITIONAL FAMILY MEMBERS

Relationship Spouse Other Adult Daughter Son Live-in Aide Other

Last Name _____ First Name _____ M.I. _____ Sex _____ Social Security Number _____ - _____ - _____

Birth Date _____ / _____ / _____ Grade in School completed (circle one) Annual Income _____
 Primary Secondary College
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 4+ \$ _____

Income Source (check all that apply on line below)

Wages Social Security Public Assistance/TANF Other

Relationship Spouse Other Adult Daughter Son Live-in Aide Other

Last Name _____ First Name _____ M.I. _____ Sex _____ Social Security Number _____ - _____ - _____

Birth Date _____ / _____ / _____ Grade in School completed (circle one) Annual Income _____
 Primary Secondary College
 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 4+ \$ _____

Income Source (check all that apply on line below)

Wages Social Security Public Assistance/TANF Other

Relationship Spouse Other Adult Daughter Son Live-in Aide Other

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Birth Date _____ / _____ / _____ Grade in School completed (circle one) Annual Income _____
 Primary Secondary College
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Income Source (check all that apply on line below)

Wages Social Security Public Assistance/TANF Other