



# District of Columbia Housing Authority

1133 North Capitol Street N.E.,  
Washington, DC 20002-7599  
(202) 535-1000 | dchousing.org

Executive Director Brenda Donald

## 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 by contacting the DCHA Eligibility and Continued Occupancy Division at (202)535-1000. Email the completed form to [updatewaitlist@dchousing.org](mailto:updatewaitlist@dchousing.org). Mail the form to:

D.C. Housing Authority  
Eligibility and Continued Occupancy Division  
1133 North Capitol Street, N.E., Room 178  
Washington, DC 20002

To check the status of your application, please call DCHA Customer Call Center - 202 535 1000, visit [www.dchousing.org](http://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 you 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 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: \_\_\_\_\_

**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.

**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**

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

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

**ADD REMOVE**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Currently working at least 20 hours per week;                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Currently self-employed;   |
| <input type="checkbox"/> | <input type="checkbox"/> | Attending a certified General Equivalency Diploma (GED) Program; |
| <input type="checkbox"/> | <input type="checkbox"/> | Participating in a verifiable job training program;              |
| <input type="checkbox"/> | <input type="checkbox"/> | 62 years of age or older; or                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 you or a family member with a disability need to request or remove any of the special features listed as a reasonable accommodation.

- |                          |                          |                                      |
|--------------------------|--------------------------|--------------------------------------|
| <b>ADD</b>               | <b>REMOVE</b>            |                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Wheelchair Accessible Unit</b>    |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Hearing Impaired Hardware</b>     |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Sight Impaired Accommodations</b> |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Live-In Aide</b>                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Unit Without Steps</b>            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Other</b> _____                   |

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:

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Spanish    | <input type="checkbox"/> Amharic      |
| <input type="checkbox"/> Chinese    | <input type="checkbox"/> French       |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 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.