Zanesville Metropolitan Housing Authority

**HOUSING CHOICE VOUCHER PROGRAM (Section 8)**

407 Pershing Road, Zanesville, Ohio 43701 ● Phone: (740) 454∙6866 ● Fax: (740) 454∙8567

**UPDATE FORM**

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| --- | --- | --- | --- |
| **Are you a TENANT or APPLICANT** | | | |
| **▼ HEAD OF HOUSEHOLD’S FIRST & LAST NAME** | | | **▼ SOCIAL SECURITY #** | | |
|  | | |  | | |
| **▼ CURRENT ADDRESS** | | | **▼ CITY** | **▼ ZIP** | |
|  | | |  |  | |
| **▼ NEW ADDRESS** | | | **▼ CITY** | **▼ ZIP** | |
|  | | |  |  | |
| **▼ PHONE #:** | | **▼ CELL PHONE:** | | | |
|  | |  | | | |

**I understand knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination of my housing assistance.**

|  |  |
| --- | --- |
| **HEAD OF HOUSEHOLD SIGNATURE** | **DATE** |
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* **PLEASE FILL OUT FORM AND COMPLETE ADDITIONAL INFORMATION.**
* **DO NOT FAX THIS FORM!!!!!!!! YOU MUST SUBMIT THE ORIGINAL FORM!!**

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| |  |  |  |  | | --- | --- | --- | --- | | **D -- Decrease in Income** (Verification Required) | | **+ Increase in Income**(Verification Required) | | | **Source of decrease (Employer, child support, SS)**  Please be specific: | | **Source of Increase (Employer, Child Support, SS)**  Please be specific: | | | **Name of whom the Decrease applies to:** | | **Name of Whom the Increase applies to:** | | | **Date of Change:** | | **Date of Change:** | | | **Reason for decrease:** | | **Reason for Increase:** | | | **-REMOVE House Hold Member** | | **+ ADD House Hold Member** | | | **Name of person Moving Out:** | | **Name of Person Moving In:** | | | **New Address for Person Moving Out: (Must Complete)** | | **Source and Amount of Income:** | | | **Date of Move Out:** | **Phone Number of Move Out Person:** | **Date of Move In:** | **Relationship to Head of Household:** | |  |
| * If you are reporting **Employment**, you must have your employer complete an **Employment Form** * If you would like to **MOVE,** you must fill out a **Moving Packet** | |