

ATHENS METROPOLITAN HOUSING AUTHORITY

10 HOPE DR., ATHENS, OHIO 45701 (740) 592-4481 or TDD: (800) 750-0750

UPDATE FOR APPLICATION ON FILE

Applicant Full Name: _____ Phone # (____) _____
Mailing Address: _____ City & State _____ Zip _____
Residential Address (if different or PO Box) _____
_____ Date of Birth _____ Sex _____ SS# _____

Please complete the information on this form in order for AMHA to correct the information on file for your family. **ONLY COMPLETE THE SECTION WHICH PERTAINS TO THE CHANGE.**

Change of Address

Old Address: _____ City & State _____ Zip _____
New Address: _____ City & State _____ Zip _____

_____ Please check here if you are adding or deleting any household members.
List each person who will be residing with you, in order by age.

	Full Name	DOB	Sex	SS#	Relationship
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____
#5	_____	_____	_____	_____	_____
#6	_____	_____	_____	_____	_____
#7	_____	_____	_____	_____	_____
#8	_____	_____	_____	_____	_____

_____ Please check here if you are changing income.

List all sources of money the household receives; include all money for all adults and children who will be residing with you. (Wages, child support, TANF, VA, SS, SSI, Pension, etc.)

	Family Member	Type of Income	Gross Amount	How Often
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

Please check here if you are changing assets.

List all assets, (checking, savings, stocks, bonds, certificates of deposit, land etc.) owned by you and any adult member of your household, include all assets disposed of in the last 2 years.

Family Member	Type of Asset	Bank	Acct #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

 Please check here if the points have changed for the household.

Check all that apply to the applicant and or co-applicant, all points will be verified prior to issuance

Veteran Working School Disabled/Handicapped Elderly

Local Resident (Those who reside, employed, graduates of, or attends classes/training programs designed to prepare individuals for the job market in Athens County)

Are you currently receiving rental assistance (subsidy)? Yes No

Please List Changes and any Additional Comments: _____

I/We certify that the information given to AMHA on household composition, income, assets, allowances, eligibility factors, deductions and questions are accurate and complete to the best of my/our knowledge. I/we understand that falsifying information is a fraudulent act and is punishable under Federal, State and Local laws and will be grounds for denial of assistance. Housing Assistance will not be denied without first affording the applicant the opportunity to request an informal review of such denial.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

For Office Use Only:

Date Received: _____

Time Received: _____

Received By: _____