SEDRO-WOOLLEY HOUSING AUTHORITY

830 TOWNSHIP ST • SEDRO-WOOLLEY, WA 98284 PHONE (800) 417-9875 or (206) 826-5320• FAX (206) 574-1241

OFFICE USE ONLY				
FORM #:	614			
HOUSEHOLD ID:				
TICKLER #:				
EFFECTIVE DATE:	:			

APPLICATION CHANGE FORM

Please complete	e in INK and	return or mail to th	ne address listed	above or drop off	at the office.		
APPLICANT NAME:			DATE:				
MAILING ADDRESS:			SSN:				
CITY / STATE / ZIP:		DHONE #·					
Is this a New Address							
Is this a New Phone num	ber						
☐ CHANGE IN FAMILY SITU	JATIONS:						
	he following	family member(s): RELATION TO HEAD	DATE OF BIRTH	BIRTHPLACE	SOCIAL SECURITY #		
I understand that an additional fa approved by the Housing Authori	-	may not be added to the	ne application until t	he requests have bee	en reviewed and formally		
☐ Are you currently ho	omeless?						
☐ Do you currently pa		50% of your incom	ne for rent and ut	ilities?			
Are you a victim of of live in an inaccessible		lence, displaced by	disaster or gove	rnment action, vi	ctim of a hate crime or		
Do you currently live electricity, etc.	e in a dilapio	dated home or in a	home without pl	umbing toilet, tub	/shower, kitchen,		
If you answered "Yes" to any of the prior to offer of housing. If you d this time and will be placed on the	id not answer	"Yes" to any of the ab					
Do you currently live in subs	_	•	vernment rent su	bsidy? 🗌 YE	S 🗆 NO		
Please note: report of new char reported change.	inge in your f	amily situation may o	or may not change	your application do	ate to the date of this		
LIST ANY OTHER CHANGES	(CHANGE O	F NAME, INCOME,	ETC.)				
I certify that the information writing, any changes in my fa circumstances is considered for	mily compos	sition. I am aware tl	nat misrepresenta	tion to the Housin			
Signature of Head or Spouse			Phone Number				