

**LOW-INCOME PUBLIC HOUSING
NOTIFICATION OF CHANGE
FORM**

Date _____

Name _____ Full Social Security # _____ - _____ - _____

Contact Telephone _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip _____

I would like to make the following changes to my application:

Please circle one: ADD or REMOVE

Full Name _____ Male _____ Female _____

Full Social Security # _____ - _____ - _____ Date Birth ____/____/____

U.S. Citizen? Yes or No Relationship: _____

Check the following preference if it applies to your household
(PROOF will be required once you are invited to orientation):

____ **VICTIM OF DOMESTIC VIOLENCE**

____ **INVOLUNTARILY DISPLACED**

- | | |
|---|---|
| Disaster (fire, flood, earthquake, etc) | Victim of Domestic Violence or Hate Crime |
| Had to vacate due to owner action | Avoid reprisals(providing the law info) |
| HUD disposition | Inaccessibility of unit |

____ **WORKING (HEAD OF HOUSEHOLD AND/OR SPOUSE)**

- Elderly 62 years or older
- Disabled
- Employed

____ **VETERAN**

____ **YOUTH MAXING out of FOSTER CARE**

____ **HOMELESS**

____ **REQUEST STATUS OF APPLICATION**

LOW-INCOME PUBLIC HOUSING
WAITING LIST STATUS CHANGE

Dear Public Housing Applicant:

This form is to advise the Flint Housing Commission that you have a change in your circumstances. Attached is the form to fill out and return to the Flint Housing Commission within (7) calendar days.

Please be advised any changes requested to your original pre-application must be submitted in writing.

If a response is needed, we will do so at our earliest convenience.

Thank you in advance for allowing us to serve your housing needs.