

Aurora Housing Authority

WAITING LIST FAMILY COMPOSTION UPDATE FORM

You are required to report all changes in writing within 10 days along with submitting proper documentation. Use this form to report.

APPLICANT: _____ SS# _____

If your family size has changed, list additional members and their relationship to you:

NAMES AS THEY APPEAR ON THEIR SOCIAL SECURITY CARD:

1. _____
Family member name D.O.B. Social Security #

2. _____
Family member name D.O.B. Social Security #

REMOVE FAMILY HOUSEHOLD MEMBER:

1. _____
Family member name D.O.B. Social Security #

2. _____
Family member name D.O.B. Social Security #

Are you expecting another child? _____ If yes, what is the due date? _____

Is the sex of the child known? _____ If yes, is it a boy _____ girl _____

Has your address changed? _____ If so, please list below:

P O Box/Street Address (apt# if applicable) City State Zip Code

I certify that the above information is correct and understand that failure to provide truthful, and correct information may result in my application being denied.

Signature

Date

Date stamp _____

