Housing Authority of the City of Austin

Established in 1937

ADMISSIONS UPDATE FORM

(Please provide Photo ID with any changes.)

(Revised 6/16/08)

Date: _____

Head of Household: _____ Phone #: _____

Social Security #: _____ Date of Birth: _____ **Age 62 & over?** ☐ **Yes** ☐ **No**

Mark 'Type of Change' and fill out information completely:

☐ **NEW/ CURRENT**

Mailing Address: _____
Street or P.O. Box
_____
City, State Zip

Do you live at the above address? ☐ Yes ☐ No

Do you wish to claim a Disability? ☐ Yes ☐ No **(If Yes, please fill out Consent to Release Protected Client Health Information form and submit with this Admissions Update form, or attach a current SSI award letter)**

☐ **Adding Spouse or Co-Head of Household: List the individual you are adding as your spouse or co-head.**

First Name	Last Name	Birth Date	SS#	Sex	Relation	Elderly/ Disabled?

☐ **Adding New Family Member: List the family members who you are adding to your household. Attach another sheet of paper if needed.**

	First Name	Last Name	Birth Date	SS#	Sex	Relation
1)						
2)						

☐ **Deleting a Family Member: List the family members who you are removing from your household. Attach another sheet of paper if needed.**

1)					
2)					

☐ **Change of income: List all current income sources and recipients.**

	First Name	Last Name	Source (From where/who)	Amount	How often (Weekly/monthly)
1)					
2)					

Certification: I certify that the above information is true and correct to the best of my knowledge and understand that any false statements are punishable under Federal law.

▶ _____ _____
Signature of Head of Household **Date**

Office use only:
Received by: _____

Please ensure all fields completed are readable.

Date _____

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