



# HOUSING AUTHORITY

DAMON DUNBAR  
EXECUTIVE DIRECTOR

## 2022 UPDATE FORM

Applicant: \_\_\_\_\_ D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Tribe Enrolled: \_\_\_\_\_

Roll Number: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Message Number :(\_\_\_\_) \_\_\_\_\_

Income Source: \_\_\_\_\_ Monthly Gross Amount: \$ \_\_\_\_\_

\*\*(Please attach most recent pay stubs from employment or letters verifying income received SSI, Unemployment, retirement, etc...)\*\*

**Please list all additional household members:**

Additional household member(s)	Date of Birth	Social Security Number	Relation to Applicant	Tribe & Roll Number	Income Source & Amount?
				/	
				/	
				/	
				/	
				/	
				/	
				/	

Since your last update have you done any of the following?

1. Moved to Public or Indian Housing?     Yes     No

2. Purchased a Home?  Yes  No

3. Been convicted of a felony?  Yes  No

## Changes/Additions

### Landlord Information:

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Years Living Here: \_\_\_\_\_

### Income Changes:

Household Member	New Monthly Income Amount	Employer	Address of Employer

### Town Preferences:

First Preference:	Second Preference:	Third Preference:

### Miscellaneous Information & Comments:

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I certify that the information on this Update Form is true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Spouse Signature

Date: \_\_\_\_\_