



HOUSING AUTHORITY  
GRANT COUNTY

For office use only
Date & Time Received: _____ Received by: _____ Applicant #: _____

## APPLICATION UPDATE / CHANGE FORM

First Name:	Last Name:	Last 4 digits of SSN:
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ONLY FILL OUT THE SECTION YOU WANT TO UPDATE/CHANGE.

PLEASE PRINT CLEARLY AND USE PEN/INK

<input type="checkbox"/> <b>Contact Information – mailing address and/or telephone number update/change</b>	
<b>New Mailing Address</b>	<b>Former Mailing Address</b>
Address:	Address:
City, State, Zip Code:	City, State, Zip Code:
<b>New Telephone Number</b>	<b>Former Telephone Number</b>
Include Area Code	Include Area Code

<input type="checkbox"/> <b>Waiting List Update/Change – Add or Remove Housing Program Selection(s)</b>								
<b>To Add Housing Selections:</b> In order to apply to Housing Programs that are not on your existing application, please add Housing Selections by checking the appropriate box. Make sure that you only select locations where you are willing to live. Your application will be added to the selected waiting list as of the time and date this form is received.								
<b>To Remove Housing Selections:</b> In order to remove your application from Housing Programs that are on your existing application, please check the appropriate box. If you remove a Housing Selection, your application will be taken off that waiting list.								
Housing Selection	Add	Remove	Housing Selection	Add	Remove	Housing Selection	Add	Remove
Ephrata	<input type="checkbox"/>	<input type="checkbox"/>	Royal City	<input type="checkbox"/>	<input type="checkbox"/>	Housing Choice Voucher	<input type="checkbox"/>	<input type="checkbox"/>
Grand Coulee	<input type="checkbox"/>	<input type="checkbox"/>	Soap Lake	<input type="checkbox"/>	<input type="checkbox"/>	Subsidized Larson (North Moses Lake)	<input type="checkbox"/>	<input type="checkbox"/>
Moses Lake	<input type="checkbox"/>	<input type="checkbox"/>	Warden	<input type="checkbox"/>	<input type="checkbox"/>	Camas (+55) PBV	<input type="checkbox"/>	<input type="checkbox"/>
Quincy	<input type="checkbox"/>	<input type="checkbox"/>						

<input type="checkbox"/> <b>Household Member Update/Change – Add or Remove Household Members</b>							
Enter the information of the household member you want to add or remove from your application and check the appropriate box.							
Full Name	Relation to you	Gender (Optional)	Age	Date of Birth	Social Security #	Add	Remove
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

<b>OPTIONAL – Disability Declaration</b>	
There are certain housing program benefits that are available to applicants and household members who is a person with a disability. If you think you or any person in your household qualifies and you would like to be considered for these benefits, please indicate below.	
Would you or a household member benefit by a unit designed with special features to accommodate individuals with handicaps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or an adult household member request an adjustment to annual income based on a handicapping or disabling condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<input type="checkbox"/> <b>Income Information - list all income and/or financial benefits received by any member in your household regardless of age</b>			
Income sources include but are not limited to: full and/or part-time or sporadic employment wages, social security benefits (SSA, SSI), pensions, disability, TANF or other income from public agencies (ex: DSHS), child support, L & I, unemployment, financial aid, regular contributions from persons not living in your household with you, etc.			
Household Member First & Last Name	Income Source	Amount Received per month	Annual Gross Income (Last 12 Months)
<b>Total Annual Income from All Household Members</b>			\$

<b>Signature:</b> <input type="checkbox"/> I Accept	By selecting the "I Accept" button, you are signing this document electronically.
You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this document. By selecting "I Accept" using any device, means or action, you consent to the legally binding terms and conditions of this document. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing. You also agree that no certification authority or other third party verification is necessary to validate your E-Signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your E-Signature or any resulting agreement between you and Housing Authority of Grant County. You are also confirming that you are the person authorized to sign this document.	
Signature of Applicant:	Date: