

**THE HOUSING AUTHORITY OF THE CITY OF PAWTUCKET, R.I.  
HOUSING CHOICE VOUCHER PROGRAM**

**APPLICANT UPDATE FORM**

**PLEASE PRINT**

DATE: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**HOUSEHOLD MEMBERS (including head of household):**

Member's Name	D.O.B.	Age	Social Security Number	Relationship
1.				
2.				
3.				
4.				
5.				

**TOTAL HOUSEHOLD INCOME:**

**IMPORTANT: Please specify the gross amount of income received per month. (Example: If you receive \$554 a month from TANF you put \$554 in the box under TANF and if you work please put your monthly gross wages).**

Household Member's Name	Wages	TANF (Welfare)	Child Support	Social Security	Other (Specify)
1.					
2.					
3.					
4.					
5.					

**LOCAL PREFERENCES: Please circle YES or NO to the following questions:**

1. Are you or a member of your family currently employed?      YES      NO
2. If you answered YES to #1, in what City/Town are you employed? \_\_\_\_\_
3. Are you a Veteran or currently serving in the Armed Forces?      YES      NO
4. Are you or your spouse 62 years of age or older, disabled or Handicapped?      YES      NO
5. Are you a Veteran who is Chronically Homeless: experiencing four (4) episodes of homelessness within three years or homeless for 12 continuous months?      YES      NO

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**