

Graham Housing Authority UPDATE TO CURRENT APPLICATION, 2024

PLEASE PRINT LEGIBLY IN INK

FOR OFFICE USE ONLY

DATE, TIME:

BR SIZE:

Thomas L. Lloyd, Executive Director

APPLICANT HEAD OF HOUSEHOLD SOCIAL SECURITY # _____

OR ALIEN REGISTRATION #: _____ Telephone #(s): _____

LAST Name: _____ FIRST Name: _____

LIST ANY CHANGES TO YOUR EXISTING APPLICATION BELOW:

NEW ADDRESS THE PHA WILL USE THE MAILING ADDRESS FOR ANY LETTERS THAT ARE SENT TO YOU

Physical Address	City:	State:	Zip:
Mailing Address (REQUIRED for Correspondence)	City:	State:	Zip:
<input type="checkbox"/> Same as Physical Address	City:	State:	Zip:

ADD HOUSEHOLD MEMBERS TO MY CURRENT APPLICATION

NAME Last, First, M.I.	DOB MM-DD-YR	SEX	RELATIONSHIP- Partner, Spouse, Co-Head, other adult, Son, Daughter	U.S. Citizen? Check One	RACE	ETHNICITY Check One	SOCIAL SECURITY # or Alien ID #	COUNTRY of BIRTH
				___ YES ___ NO		___ Hispanic ___ Not Hispanic		
				___ YES ___ NO		___ Hispanic ___ Not Hispanic		

REMOVE HOUSEHOLD MEMBERS FROM MY CURRENT APPLICATION

NAME Last, First, M.I.	DOB MM-DD-Year	SEX	SOCIAL SECURITY # or Alien ID #	REASON FOR REMOVING

INCOME CHANGE - APPLIES TO ALL PERSONS ON APPLICATION

NAME of Household Member	SOURCE OF INCOME -& Address/Phone if ** SS, SSI, WFFA--What County?), **Child Support, **Contribution(s), **Employer, Unemployment	MONTHLY (GROSS)	HOURLY RATE	# HOURS WORKED per WEEK
		\$	\$	
		\$	\$	

WAITING LIST(S) - CHECK TO REMOVE FROM WAITING LIST

<input type="checkbox"/>	Housing Choice Voucher (Section 8- Alamance county)
<input type="checkbox"/>	Public Housing (Affordable Low Rent)
<input type="checkbox"/>	*Senior/Disabled Housing/Ralph Clayton Homes (Cates Circle) *1~2 bedroom units *Elderly or *Disabled Head of Household only

OTHER CHANGES OR INFORMATION

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE:

	Signature	Date	Print Name
Head of Household			
Spouse/Partner			
Co-Head			
Other Adult			

