

**KCHA APPLICATION UPDATE FORM FOR: PUBLIC HOUSING or HOUSING CHOICE VOUCHER**



Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Limited English Proficiency:**

Email: \_\_\_\_\_

Do you require oral and/or written information in any language other than English?  Yes  No

If yes, which language: \_\_\_\_\_. Please contact the Knox County Housing Authority Central Office for assistance. If no, continue.

**I am reporting a change in** (please check all that apply):

Income (please complete income information on the back of this page)  Family size  New address – date moved \_\_\_\_\_

Other – please specify \_\_\_\_\_

**Household Composition** (List all persons who will be part of your assisted unit):

Full name	Social Security Number	Relation to Head	Sex	Birthdate	Age	Disabled* Yes/No	FT Student Yes/No	Date Employed	Avg. Hrs. Employed	County Employed
		HOH								

*\*Applicants are not required to disclose being disabled. However, preference points for which persons with disabilities are entitled cannot be provided unless the Applicant discloses this information.*

<b>OFFICIAL USE ONLY</b>			
Date: _____	Time: _____	BR Size: _____	Pref. Points: _____

**Household Composition** continued

1. Is the Head of Household (HOH), Spouse, or Co-Head of Household enrolled full time in a job training program?  Yes  No

If yes, please list the specific job training program: \_\_\_\_\_

2. Has the HOH, Spouse, or Co-Head graduated from a school of higher learning or a job training program in the last six months?  Yes  No

**CURRENT HOUSING INFORMATION**

1. How much do you pay for rent? \_\_\_\_\_ 2. How much do you pay for utilities (electric, gas, water) \_\_\_\_\_

3. Landlord \_\_\_\_\_ 4. Landlord phone number \_\_\_\_\_

5. Landlord address \_\_\_\_\_

6. Are you a victim of domestic violence?  Yes  No 7. Are you being involuntarily displaced or living in substandard housing?  Yes  No

**VETERAN STATUS**

1. Are you a veteran or a surviving spouse of a veteran of the United States Armed Forces?  Yes  No

If yes, type of discharge \_\_\_\_\_

2. Are you a current member of the United States Armed Forces?  Yes  No

**INCOME AVAILABLE TO HOUSEHOLD** (List all gross income earned or received by everyone in the household regardless of age.)

Income Source	Yes	No	Family Member	Source	Frequency	Amount
Wages or Earnings						
TANF (cash assistance)						
SSI and/or Social Security						
Child Support and/or Alimony						
Unemployment						
Regular Contributions						
Other						

Signatures of all adult members of the household:

\_\_\_\_\_