Zanesville Metropolitan Housing Authority

**HOUSING CHOICE VOUCHER PROGRAM (Section 8)**

407 Pershing Road, Zanesville, Ohio 43701 ● Phone: (740) 454∙6866 ● Fax: (740) 454∙8567

**UPDATE FORM**

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| **Are you a TENANT or APPLICANT**  |
| **▼ HEAD OF HOUSEHOLD’S FIRST & LAST NAME**  | **▼ SOCIAL SECURITY #**  |
|  |  |
|  **▼ CURRENT ADDRESS**  | **▼ CITY** | **▼ ZIP** |
|  |  |  |
| **▼ NEW ADDRESS** | **▼ CITY** | **▼ ZIP** |
|  |  |  |
| **▼ PHONE #:** | **▼ CELL PHONE:** |
|  |  |

**I understand knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination of my housing assistance.**

|  |  |
| --- | --- |
| **HEAD OF HOUSEHOLD SIGNATURE** | **DATE**  |
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* **PLEASE FILL OUT FORM AND COMPLETE ADDITIONAL INFORMATION.**
* **DO NOT FAX THIS FORM!!!!!!!! YOU MUST SUBMIT THE ORIGINAL FORM!!**

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| --- | --- |
| **D -- Decrease in Income** (Verification Required) |  **+ Increase in Income**(Verification Required) |
| **Source of decrease (Employer, child support, SS)**Please be specific: | **Source of Increase (Employer, Child Support, SS)** Please be specific: |
| **Name of whom the Decrease applies to:** | **Name of Whom the Increase applies to:** |
| **Date of Change:** | **Date of Change:** |
| **Reason for decrease:** | **Reason for Increase:** |
|  **-REMOVE House Hold Member** |  **+ ADD House Hold Member** |
| **Name of person Moving Out:** | **Name of Person Moving In:** |
| **New Address for Person Moving Out: (Must Complete)** | **Source and Amount of Income:** |
| **Date of Move Out:** | **Phone Number of Move Out Person:** | **Date of Move In:** | **Relationship to Head of Household:** |

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| * If you are reporting **Employment**, you must have your employer complete an **Employment Form**
* If you would like to **MOVE,** you must fill out a **Moving Packet**
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