

RHA Use Only <input type="checkbox"/> PH ___ BR <input type="checkbox"/> HCV <input type="checkbox"/> HO <input type="checkbox"/> Syl & RO

REPORTING CHANGES TO APPLICATION

Use this form to report all changes to your application. Please check the appropriate change and answer **all** the questions in that Section. You will receive an acknowledgement letter for all reported changes of address in approximately two (2) weeks. Please keep your acknowledgement in a safe place. This is your proof that you reported a change of address. If you do not receive an acknowledgement, please call the office (610-372-3933).

(Print name of Applicant) _____ (Social Security Number) _____ (Date) _____

Section I:

I am reporting a change of address:

My new **street** address is: _____
City, State and Zip code: _____
New Telephone number: _____

My **mailing** address (if different) is: _____
City, State and Zip code: _____

Are you renting your own unit? Yes No

Are you a boarder (living with someone & sharing a unit)? Yes No

Name and mailing address of your landlord or person you are boarding with:

Section II: Please check all of the preferences that apply:

Are you displaced by city placard (fire, flood)? Yes No

Are you, your spouse or co-head, elderly, disabled, or handicapped? Yes No

Do you, your spouse or co-head, live, work, have been hired to work, or attend school in the city of Reading? Yes No If Yes, list name & mailing address of employer/school:

Change in income: _____

Housing Choice Voucher (Section 8) applicants only: Do you have a Protection From Abuse order? Yes No If, yes, attach copy of PFA)

Signature: _____

Date: _____

Please continue on reverse...

Form: www-app-chg-hcv/ph

Section III:

Add or Remove the following person to my applicant household:

1.

(Last name, first, middle initial) (Social Security Number)

(How is this person related to you?) (Date of Birth) (Age) (Sex)

(Why is this person being added to/removed from your household?)

(Source of Income per month) (Amount of Income per month)

Add or Remove the following person to my applicant household:

2.

(Last name, first, middle initial) (Social Security Number)

(How is this person related to you?) (Date of Birth) (Age) (Sex)

(Why is this person being added to/removed from your household?)

(Source of Income per month) (Amount of Income per month)

Add or Remove the following person to my applicant household:

3.

(Last name, first, middle initial) (Social Security Number)

(How is this person related to you?) (Date of Birth) (Age) (Sex)

(Why is this person being removed from/added to your household?)

**Return completed form to: Reading Housing Authority
The Tenant Placement Office
815 Franklin Street
Reading, PA 19602**

**Phone:(610) 372-3933
FAX: (610) 378-1289
TDD: (610) 796-1386**

To check your status on the waiting list: (610) 376-2422

OFFICE HOURS: Mondays thru Friday from 8:30 AM to 12:00 noon.

This document is currently published in English only. If you need assistance with this document in Spanish, please contact this office for further assistance.

Este documento esta publicado solamente en Ingles. Si necesita ayuda con este documento en Español, por favor contacte esta oficina para asistencia adicional.