

RHA Use Only <input type="radio"/> PH ___ BR <input type="radio"/> HCV <input type="radio"/> HO <input type="radio"/> Syl & RO
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**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).

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(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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**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)

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please continue on reverse...

**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.