



HOUSING AUTHORITY OF THE COUNTY OF DAUPHIN

501 MOHN STREET | STEELTON | PENNSYLVANIA | 17113
717-939-9301 | FAX 717-939-7947 | TDD 1-800-545-1833 EXT. 304
WWW.DAUPHINHOUSING.ORG

CHANGES TO APPLICATION FOR HOUSING

APPLICANT NAME _____ **CLIENT NO.** _____

SOCIAL SECURITY #: _____ **DATE OF BIRTH:** _____

CHANGE OF ADDRESS:

OLD ADDRESS _____

NEW ADDRESS _____

CHANGE IN TELEPHONE NO. **OLD NUMBER** _____ **NEW NUMBER** _____

CHANGE IN FAMILY COMPOSITION (additions to or removal from family)

NAME _____

DATE OF BIRTH _____ **SS NO.** _____ **MALE** _____ **FEMALE** _____

NAME _____

DATE OF BIRTH _____ **SS NO.** _____ **MALE** _____ **FEMALE** _____

CHANGES IN FAMILY INCOME

FAMILY MEMBER _____ **SOURCE OF INCOME** _____

NEW AMOUNT \$ _____ **PER: HOUR** _____ **WEEK** _____ **BI-WEEKLEY** _____ **MONTH** _____

(check frequency of pay above. Note: bi-weekly means every two weeks.)

ADDRESS OF EMPLOYER _____

PLEASE ADD ME TO THE FOLLOWING LIST: _____ **SOUTHERN DAUPHIN** _____ **NORTHERN DAUPHIN**

OTHER CHANGES (such as status of homelessness, domestic violence, disability – please explain)

SIGNATURE _____ **Date** _____

Date Received _____ **Initials** _____ **Date Entered into Computer** _____ **Initials** _____

Comments _____