



**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.** \_\_\_\_\_

**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** \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**Date Received** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Date Entered into Computer** \_\_\_\_\_ **Initials** \_\_\_\_\_

**Comments** \_\_\_\_\_

\_\_\_\_\_