



Harrison Housing Authority
 202 W. Stephenson Harrison, AR 72601
 Phone: 870-741-8673 Fax: 870-741-6369
 contact@arkansasharrisonhousing.org



UPDATE FORM

Date: _____ Email: _____ Phone #: _____

Preferred method of contact: Email Phone Mail

Name of Head of Household: _____

Social Security #: _____ Date of Birth: _____

Mark 'Type of Change' - Adding a person: Removing a person: Income Change: decrease increase

Is anyone in the household a full-time student? College: High School: Name: _____

» NEW/ CURRENT _____
Street or P.O. Box
 Mailing Address: _____
City, State Zip

Adding New Family Member: List the family members who you are adding to your household.
 Attach another sheet of paper if needed.

| | | | | | | |
|----|--|---|-----------------------------------|------------|------------------------------------|-----------------|
| A) | <u>First Name</u> | <u>Last Name</u> | <u>Birth Date</u> | <u>SS#</u> | <u>Sex</u> | <u>Relation</u> |
| | _____ | _____ | _____ | _____ | _____ | _____ |
| B) | <u>Race</u> | | Elderly: <input type="checkbox"/> | | Disabled: <input type="checkbox"/> | |
| | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Native American/Alaska Native | | | | |
| | <input type="checkbox"/> African American/Black | <input type="checkbox"/> Pacific Islander/Hawaiian Native | | | | |
| | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic/Latino | | | | |
| A) | <u>First Name</u> | <u>Last Name</u> | <u>Birth Date</u> | <u>SS#</u> | <u>Sex</u> | <u>Relation</u> |
| | _____ | _____ | _____ | _____ | _____ | _____ |
| B) | <u>Race</u> | | Elderly: <input type="checkbox"/> | | Disabled: <input type="checkbox"/> | |
| | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Native American/Alaska Native | | | | |
| | <input type="checkbox"/> African American/Black | <input type="checkbox"/> Pacific Islander/Hawaiian Native | | | | |
| | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic/Latino | | | | |
| A) | <u>First Name</u> | <u>Last Name</u> | <u>Birth Date</u> | <u>SS#</u> | <u>Sex</u> | <u>Relation</u> |
| | _____ | _____ | _____ | _____ | _____ | _____ |
| B) | <u>Race</u> | | Elderly: <input type="checkbox"/> | | Disabled: <input type="checkbox"/> | |
| | <input type="checkbox"/> Caucasian/White | <input type="checkbox"/> Native American/Alaska Native | | | | |
| | <input type="checkbox"/> African American/Black | <input type="checkbox"/> Pacific Islander/Hawaiian Native | | | | |
| | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hispanic/Latino | | | | |

Deleting a Family Member: List the family members who you are removing from your household.
 Attach another sheet of paper if needed.

| <u>First Name</u> | <u>Last Name</u> | <u>Birth Date</u> | <u>SS#</u> | <u>Sex</u> | <u>Relation</u> | Elderly: <input type="checkbox"/> | Disabled: <input type="checkbox"/> |
|-------------------|------------------|-------------------|------------|------------|-----------------|-----------------------------------|------------------------------------|
| 1) _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ | _____ | _____ | Elderly: <input type="checkbox"/> | Disabled: <input type="checkbox"/> |
| 3) _____ | _____ | _____ | _____ | _____ | _____ | Elderly: <input type="checkbox"/> | Disabled: <input type="checkbox"/> |

Are you adding a service or companion animal to your expenses? Yes No
 If yes please provide proof of ownership and proof of all reasonable expenses.

Change of income: List all current income sources and recipients.

Gained Employment: Lost Employment: Changed Employment:

| <u>First Name</u> | <u>Last Name</u> | <u>Source</u> (From where/who) | <u>Amount</u> | <u>How often</u> (Weekly/monthly) |
|-------------------|------------------|-----------------------------------|---------------|--------------------------------------|
| 1) _____ | _____ | _____ | _____ | _____ |
| 2) _____ | _____ | _____ | _____ | _____ |
| 3) _____ | _____ | _____ | _____ | _____ |
| 4) _____ | _____ | _____ | _____ | _____ |
| 5) _____ | _____ | _____ | _____ | _____ |
| 6) _____ | _____ | _____ | _____ | _____ |
| 7) _____ | _____ | _____ | _____ | _____ |

Reason for change:

Certification: I certify that the above information is true and correct to the best of my knowledge and understand that any false statements are punishable under Federal law.

 Signature of Head of Household

 Date

Office use only:

 Recieved by:

 Date