



Tel: 574-235-9346  
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 501 Alonzo Watson Drive  
 South Bend, IN 46601

**PROGRAM UPDATE SHEET**

**Housing Choice Voucher Program**

**YOUR Status:**  Applicant  Tenant

**I. Address: (Everyone MUST complete this section)**

Is this an address change?  YES  NO

NAME: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**II. Household Composition:**  ADD  DELETE

If adding a household member, you MUST provide a copy of a birth certificate, Social Security Card, and Picture ID (if the new household member is over age 18).

FULL NAME	Disabled (Y/N)	Sex	Relationship	Birth Date	Race	Age	Social Security Number

*The South Bend Housing Authority is required to request disclosure of your Social Security Number pursuant to 24 CFR Section 750, 10 and 118(a)(1), and to maintain information on race and gender pursuant to 24 CFR 107.3(a).*

**III. EMPLOYMENT:**  Started  Increase/Decrease  Ended

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number of Hours/Week: \_\_\_\_\_ Hourly Rate: \$ \_\_\_\_\_ Effective: \_\_\_\_\_

**IV. OTHER INCOME SOURCE CHANGES:**

	Started:	Stopped:	Effective Date:	Monthly Payment:
<input type="checkbox"/> TANF	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/> SNAP	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/> SSI	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/> CHILD SUPPORT	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____
<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	_____	\$ _____

Source: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**V. EXPENSES: (Check One)**       Started       Stopped       Increase/Decrease       Medical  
 Child care

Effective Date: \_\_\_\_\_

Source: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**VI. EDUCATION: (Check One)**       Started       Stopped

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Full Time or Part Time: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**CERTIFICATION STATEMENT: I certify that all information provided in this update is true and correct and that falsification may constitute grounds for denial of assistance.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date