

HOUSING AUTHORITY OF MARICOPA COUNTY
Public Housing Program

Change Form

2024 N. 7th Street
Suite 101
Phoenix, AZ 85006
Phone: 602-744-4500
Fax: 602-254-3227
www.maricopahousing.org

Head of Household: _____ **Social Security #** _____ **DOB** _____

Spouse: _____ **Social Security #** _____ **DOB** _____

PLEASE NOTE THE FOLLOWING CHANGE

Current Telephone Number _____ **Current Message Number** _____

Current Address:

_____ **Apartment #** _____
(House number, Street name, P.O. Box, etc.)

_____ (City) _____ (State) _____ (Zip Code)

Mailing Address (if different from above):

_____ **Apartment #** _____
(House number, Street name, P.O. Box, etc.)

_____ (City) _____ (State) _____ (Zip Code)

Family Size:

_____ **Add or Delete**
(Name) (Date of Birth) (Social Security #)

_____ **Add or Delete**
(Name) (Date of Birth) (Social Security #)

_____ **Add or Delete**
(Name) (Date of Birth) (Social Security #)

Income: Family Member: _____

Source (Wages _____ **TANF** _____ **S.S.** _____ **Employment** _____ **Child Support** _____ **Other** _____)

Increase to: _____
(Specify: Hourly, Monthly, Annually)

Decrease to: _____
(Specify: Hourly, Monthly, Annually)

Comments _____

Signature of Head of Household

Date

CLAIM MADE ABOVE WILL BE VERIFIED PRIOR TO ASSISTANCE BEING OFFERED. REMEMBER: In order to update your application for housing assistance, we must have all current information above. Any of the above changes could affect your bedroom size or your status on the waiting list. This office is **NOT** responsible for misdirected or undelivered mail by the U.S. Postal Service.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the U.S. or to any matter within its jurisdiction.