



**Preliminary Application Update Form  
Housing Choice Voucher (HCV) Program**

*(Attach additional sheets of paper, if necessary, to report all household changes or corrections.)*

**Section A: HEAD OF HOUSEHOLD (HOH) INFORMATION**

Last Name	First Name	Social Security Number (SSN) or Alien Registration Number (ARN)
Preliminary Application Confirmation Number(s)		
_____		
_____		
_____		

**SECTION B: CHECK THE BOX NEXT TO THE TYPE OF CHANGE(S) AND PROVIDE UPDATED INFORMATION/CORRECTIONS**

<input type="checkbox"/> Change in HOH Name	Last Name	First Name
<input type="checkbox"/> Change of Address	Street Address	Apartment No.
	City	State      Zip Code
<input type="checkbox"/> Change of Contact Information	New Phone Number: _____ (      )	
	New Email Address: _____	
<input type="checkbox"/> Change in Income	Family's Total Monthly Gross Income:      \$ _____	
<input type="checkbox"/> Change in Assets	Family's Total Assets: \$ _____	
<input type="checkbox"/> Change in Employment		

Name (Last, First Name)	Birth Date	Relationship to HOH	Employer (Name, Phone, City, State, Zip)	Effective Date of Change

**SECTION C: ADD OR REMOVE FAMILY MEMBER(S)**

Check One	Last Name	First Name	SSN or ARN	Birth Date	Relationship to HOH	Sex (Check One)
Add <input type="checkbox"/>						Male <input type="checkbox"/>
Remove <input type="checkbox"/>						Female <input type="checkbox"/>
Add <input type="checkbox"/>						Male <input type="checkbox"/>
Remove <input type="checkbox"/>						Female <input type="checkbox"/>
Add <input type="checkbox"/>						Male <input type="checkbox"/>
Remove <input type="checkbox"/>						Female <input type="checkbox"/>
Add <input type="checkbox"/>						Male <input type="checkbox"/>
Remove <input type="checkbox"/>						Female <input type="checkbox"/>

**SECTION D: ADD OR REMOVE OPTIONAL CONTACT PERSON OR ORGANIZATION**

Add <input type="checkbox"/> Remove <input type="checkbox"/>	Name of Person or Organization										
	Street Address (including Apt. or Suite No.), City, State, Zip Code										
	Telephone No.	Cell Phone No.									
	Relationship to Applicant										
	Reason Code (Check All That Apply) <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to Contact You</td> <td><input type="checkbox"/> Change in Lease Terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of Rental Assistance</td> <td><input type="checkbox"/> Change in House Rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from Unit</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Late Payment of Rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to Contact You	<input type="checkbox"/> Change in Lease Terms	<input type="checkbox"/> Termination of Rental Assistance	<input type="checkbox"/> Change in House Rules	<input type="checkbox"/> Eviction from Unit	<input type="checkbox"/> Other _____	<input type="checkbox"/> Late Payment of Rent
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**SECTION E: SIGNATURE**

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return form by Mail: Georgia Department of Community Affairs  
 P. O. Box 957929  
 Duluth, GA 30095**

<b>For Official Use Only</b>	Client Number	Date	Staff
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