

NORTHAMPTON COUNTY
HOUSING AUTHORITY
15 S. WOOD STREET
NAZARETH, PA 18064

**WAIT LIST CHANGE
REPORTING FORM**

FULL NAME: _____

DATE OF BIRTH: _____

LAST 4 DIGITS OF SSN #: _____

ADDRESS & PHONE NUMBER CHANGES

<u>NEW ADDRESS:</u>
<u>OLD ADDRESS:</u>
<u>NEW PHONE #:</u>
<u>OLD PHONE #:</u>

FAMILY MEMBER CHANGES

<u>ADD OR REMOVE (CIRCLE ONE)</u>
<u>FULL NAME:</u>
<u>SOCIAL SECURITY NUMBER:</u> - -
<u>DATE OF BIRTH:</u>
<u>SEX (M/F):</u>
<u>DISABLED (YES/NO):</u>
<u>RELATIONSHIP TO HEAD OF HOUSEHOLD (CIRCLE ONE):</u> 1. <i>SPOUSE</i> 2. OTHER ADULT 3. YOUTH UNDER 18 4. LIVE-IN AIDE 5. FOSTER CHILD
<u>ADD OR REMOVE (CIRCLE ONE)</u>
<u>FULL NAME:</u>
<u>SOCIAL SECURITY NUMBER:</u> - -
<u>DATE OF BIRTH:</u>
<u>SEX (M/F):</u>
<u>DISABLED (YES/NO):</u>
<u>RELATIONSHIP TO HEAD OF HOUSEHOLD (CIRCLE ONE):</u> 1. <i>SPOUSE</i> 2. OTHER ADULT 3. YOUTH UNDER 18 4. LIVE-IN AIDE 5. FOSTER CHILD

ADD OR REMOVE (CIRCLE ONE)
FULL NAME:
SOCIAL SECURITY NUMBER: - -
DATE OF BIRTH:
SEX (M/F):
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RELATIONSHIP TO HEAD OF HOUSEHOLD (CIRCLE ONE): 1. SPOUSE 2. OTHER ADULT 3. YOUTH UNDER 18 4. LIVE-IN AIDE 5. FOSTER CHILD

INCOME CHANGES

INCOME FOR ALL HOUSEHOLD MEMBERS

	<i>Gross Amount \$</i>	<i>How often (weekly, bi-weekly, monthly)?</i>	<i>Which household member?</i>
<u>Social Security/SSI/SSP</u>			
<u>Pension/Annuity/Retirement</u>			
<u>TANF/Welfare</u>			
<u>Employment/Job:</u> <u>Name & Address of Employer:</u> _____			
<u>Unemployment Compensation</u>			
<u>Other (Child Support, Self-Employment, etc.)</u> <u>Please explain:</u> _____			
<u>Income from Assets (Checking, Savings, CDs, IRAs, Stocks, Annuity)</u> <u>Please explain:</u> _____			

SIGNATURE: _____

DATE: _____

How to return documents: You may return via email to Intake@northamptoncountyha.org, by mail to the address above or in person to the drop-box located at the door of the Housing Rental Assistance office. Our office is currently closed to the public.