



**Housing Authority of the City of National City**  
Housing Choice Voucher Program

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

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

Mailing Address (if different)  
\_\_\_\_\_  
\_\_\_\_\_

**RE: CHANGE OF INFORMATION FORM**

You have advised us that you would like to report a change in your family status and update your current application. Using the information below, please print the change you would like updated on your Section 8 Waiting List application and return this form to our office as soon as possible.

**COMPLETE and RETURN**

WHAT CHANGE(S) ARE YOU REPORTING? PLEASE CHECK ALL THAT APPLY:

- ADDRESS       INCOME       FAMILY SIZE       CHANGE OF NAME       PREFERENCES
- REQUEST FOR TRANSFER       CORRECTION OF INFORMATION       CHANGE OF TEL. NO: \_\_\_\_\_
- OTHER: \_\_\_\_\_

How many people are in your household now?      Adults: \_\_\_\_\_      Minors: \_\_\_\_\_      Total Family members: \_\_\_\_\_

List all changes here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your **TOTAL COMBINED GROSS** monthly family income? \$ \_\_\_\_\_ (attach additional sheet if needed)

Do you claim any of the following local preferences:

- Head of household or spouse, or surviving spouse is a U.S. Veteran (other than dishonorable discharge)
- Head of household or spouse is elderly (62 years or over)       Head of household or spouse is disabled
- Live or work in National City       Family with dependent child(ren)

I certify under penalty of perjury that the above reported information is true and correct.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
SSN No. (Last 4 Digits only)

\_\_\_\_\_  
Date

EMAIL ADDRESS: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**URGENT – PLEASE READ**

**Failure to properly report all changes *in writing* may result in delays in properly categorizing your name on the Section 8 Waiting List.**