

Schenectady Municipal Housing Authority

Public Housing Applicant - Change of Information Form

Name _____ Social Security # _____

My "OLD" Address/ Telephone Number is:

My "NEW" Address / Telephone Number is:

I now qualify for the job market preference point below because:

- Head of Household employed more than 15 hours a week
- Head of Household was employed recently and is now receiving unemployment insurance
- Head of Household is enrolled in an accredited vocational, educational, or community training program
- Head of Household is unable to work due to a disability and is collecting SSI or SSD
- Head of Household is 62 years of age or older
- Head of Household is receiving TANF (Temporary Assistance for Needy Families)

Tenant Name, Signature and Date

_____	_____
Print Tenant Name	Approximate Date You Applied
_____	_____
Tenant Signature	Date