

WOODFORD COUNTY HOUSING AUTHORITY  
**UPDATING APPLICATION FOR ASSISTANCE**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Please Answer the following questions:**

- |   |     |    |
|---|-----|----|
| 1) Is Head of Household or Spouse a person with a disability?   | Yes | No |
| 2) Is the head of Household Elderly (62+ years old)?  | Yes | No |
| 3) Do you owe any other Housing Authority money?  | Yes | No |
| 4) Have you or anyone else in your family engaged in any drug related activity or violent criminal? If Yes, please explain. | Yes | No |
- \_\_\_\_\_

**CHANGE OF FAMILY COMPOSITION (Please list all whom will be living in the unit.)**

Name	Relationship	Birth Date	SS#	Place of Birth
_____				
_____				
_____				
_____				

**CHANGE IN INCOME & ASSETS (Please list the change in income and/or assets)**

Name	Source of Income	Gross Income
_____		
_____		
_____		

**Assets (Checking, Savings, Certificates of Deposit, other)**

Bank Name	Account Number	Amount
_____		
_____		
_____		

**WARNING: Section 1001 of Title of the U.S. Code make it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within it's jurisdiction.**

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