



**HOUSING AUTHORITY OF THE
COUNTY OF CLARK, NEVADA**

5390 East Flamingo Road, Las Vegas, NV 89122-5335
Phone: (702) 451-8041 TDD (702) 433-1472



OFFICE USE ONLY

Updated By: _____
Date: _____

DATE & TIME RECEIVED

CLIENT UPDATE FORM

PLEASE PRINT ALL INFORMATION

It is **YOUR RESPONSIBILITY**, as an applicant, to **REPORT CHANGES** in your **ADDRESS, PHONE NUMBER, INCOME and/or FAMILY COMPOSITION, IN WRITING**, directly to the Housing Authority. Changes must be reported within (10) working days of the change. Changes **will not** be accepted by phone. (*Note: A change of address to the Post Office does not take care of informing us.*)

Name: _____ Social Security or Client # _____
First M.I. Last

ADDRESS or PHONE NUMBER CHANGES

| | | | | | | |
|----------------------------|--------|--------|-------|----------|-------|-----|
| NEW ADDRESS | Number | Street | Apt # | City | State | Zip |
| NEW PHONE NUMBER(s) | Home: | | Work: | Message: | | |

Do you want to add or remove FAMILY MEMBER(s) to/from your household?

| Indicate ADD or REMOVE | NAME | | | DATE OF BIRTH | | | Social Security Number | Relationship |
|------------------------------|------|-------|------|---------------|-----|------|---------------------------|--------------|
| | Last | First | M.I. | Mo | Day | Year | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

List ALL CURRENT INCOME sources and monthly amounts received.

| FAMILY MEMBER NAME | Name and Address of Employer and/or Provider (Company, Welfare, Social Security, etc.) | Monthly Amount (Before Deductions) |
|--------------------|--|--|
| Last First M.I. | | |
| | | |
| | | |
| | | |

Please **REMOVE** my name from the following **WAIT LIST(S)**: _____

I understand that any changes reported may affect my placement on the wait list(s).

Signature: _____ Date: _____

