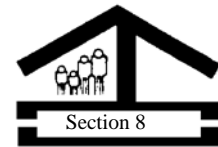


Oklahoma City Housing Authority

Leased Housing Program



1800 NORTHEAST FOURTH STREET

OKLAHOMA CITY, OKLAHOMA 73117-3800

PHONE (405) 239-7551
 FAX (405) 605-3296 TDD AVAILABLE
 WWW.OCHANET.ORG

PRE-APPLICATION UPDATE/CORRECTION REQUEST HOUSING CHOICE VOUCHER PROGRAM

SECTION A: HEAD OF HOUSEHOLD INFORMATION						
LAST NAME	FIRST NAME	SOCIAL SECURITY #				
SECTION B: CHECK BOX NEXT TO TYPE OF CHANGE(S) AND PROVIDE UPDATED INFORMATION/CORRECTION(S)						
<input type="checkbox"/> CHANGE OF ADDRESS	STREET ADDRESS					APT#
	CITY				STATE	ZIP CODE
<input type="checkbox"/> CHANGE OF PHONE NUMBER	NEW PHONE NUMBER(S): _() _____ -() _____					
<input type="checkbox"/> CHANGE IN INCOME	FAMILY'S TOTAL MONTHLY GROSS INCOME: \$ _____					
SECTION C: ADD OR REMOVE FAMILY MEMBER(S)						
CHECK ONE	LAST NAME	FIRST NAME	SOC. SEC. #	BIRTH DATE	RELATION TO HEAD	SEX
ADD <input type="checkbox"/>						MALE <input type="checkbox"/>
REMOVE <input type="checkbox"/>						FEMALE <input type="checkbox"/>
ADD <input type="checkbox"/>						MALE <input type="checkbox"/>
REMOVE <input type="checkbox"/>						FEMALE <input type="checkbox"/>
ADD <input type="checkbox"/>						MALE <input type="checkbox"/>
REMOVE <input type="checkbox"/>						FEMALE <input type="checkbox"/>
ADD <input type="checkbox"/>						MALE <input type="checkbox"/>
REMOVE <input type="checkbox"/>						FEMALE <input type="checkbox"/>
SECTION D: SIGNATURE						
HEAD OF HOUSEHOLD SIGNATURE: _____ DATE: _____						
RETURN BY MAIL: OKLAHOMA CITY HOUSING AUTHORITY ATTN: LEASED HOUSING 1800 N.E. 4 TH OKLAHOMA CITY, OK 73117						
RETURN BY FAX:			(405) 605-3296			
FOR OFFICE USE ONLY	CLIENT #	DATE:		STAFF:		