

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) Are you a resident of Woodford County? | 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 _____