



**Community Development Authority of the City of Madison**  
 Housing Operations Division  
 215 Martin Luther King Jr Blvd  
 Suite 161  
 Madison, Wisconsin 53703  
 608-266-4675 phone  
 608-264-9291 fax  
 www.cityofmadison.com/housing

<u>For office use only</u>
Entity ID: _____
___ Public Housing
___ Parkside Apartments
___ Karabis Apartments
___ Truax PBV
___ Section 8 HCV
___ Section 8 PBV

## **Applicant Update Form**

Mail completed form to: CDA Housing Operations, PO Box 1785, Madison, WI 53701-1785

You may also submit updates electronically through Applicant Portal at <https://madisoncda.myhousing.com/Account/Login>

Today's date: \_\_\_\_\_

Name of current Head of Household: \_\_\_\_\_

Social Security Number for Head of Household: \_\_\_\_\_

*I certify that the changes provided on this form are true and complete to the best of my knowledge.*

**\*Signature of Head of Household:** \_\_\_\_\_

WARNING: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful false statements or representations to any department or agency of the United States Government as to any matter within its jurisdiction. Wisconsin Law Act 173 makes fraud against a Housing Authority a crime punishable by up to a \$10,000 fine and up to two years imprisonment.

---

### **Change of Address/Phone Number**

Please report new mailing address within 10 business days of change.

<b>New Contact Information</b>
--------------------------------

<b>Mailing Address:</b>			(Apt. #)
City:	State:	Zip:	
<b>Phone:</b> ( )	<b>Alternate Phone:</b> ( )		

<b>Address where you live (if different from above):</b>			(Apt. #)
City:	State:	Zip:	

<b>Change/Remove Advocate</b>
-------------------------------

<input type="checkbox"/> Please remove my advocate, I no longer have one	
<input type="checkbox"/> Please update my advocate, I am now working with: <b>Name of new advocate:</b> _____	
<b>Address:</b> _____	<b>Phone:</b> _____

### Income Changes

Please report income changes for all adult household members within 10 business days.

What is the total gross monthly income for everyone included on your application?    \$ \_\_\_\_\_ /month

### Add Household Member

You may add a household member by completing this section:

Household Members <small>(First-Middle Initial-Last)</small>	Social Security # <small>(24 CFR 5.216)</small>	Relationship to Head of Household	Sex <small>(M / F)</small>	Race	Birth Date	Student?  <input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Co-head of Household requested:  No  Yes, name: \_\_\_\_\_

- A co-head is an adult household member,
  - who is not a spouse; and
  - who is equally responsible for the lease.
- Only one co-head allowed.

\* Signature of new adult household member: \_\_\_\_\_

New Head of Household requested:  No  Yes, name: \_\_\_\_\_

If previous Head of Household will remain on the application, what is his/her relationship to the new Head of Household?

- Co-Head of Household     Spouse     Other adult

\* Signature of new Head of Household: \_\_\_\_\_

### Remove Household Member

You may remove a household member by completing this section

Household Members <small>(First-Middle Initial-Last)</small>	Social Security # <small>(24 CFR 5.216)</small>	Relationship to Head of Household

\*Signature of adult removed from application: \_\_\_\_\_

If you are unable to obtain the signature of the adult you wish to remove, please explain why: \_\_\_\_\_