

BERNALILLO COUNTY HOUSING DEPARTMENT
1900 Bridge Blvd. SW
ALBUQUERQUE, NM 87105
PHONE (505) 314-0200 FAX (505) 462-9737

ADDENDUM TO APPLICATION FOR ASSISTED HOUSING

PLEASE CHECK WHAT CHANGE YOU ARE MAKING TO YOUR APPLICATION:

PHONE _____

ADDRESS _____

INCOME _____

SCHOOL _____

ADDING/REMOVING FAMILY MEMBER _____

• HEAD OF HOUSEHOLD INFORMATION

(PLEASE PRINT NEATLY AND CLEARLY)

SOCIAL SECURITY # LAST NAME FIRST NAME

ADDRESS CITY STATE ZIP

TELEPHONE: HOME _____ WORK _____ MSG _____

CITIZEN: YES _____ NO _____

LOCAL PREFERENCE: (CHECK IF APPLICABLE)

ELDERLY _____ HANDICAPPED/DISABLED _____

INCOME SOURCE: (CHECK ALL THAT APPLY)

- TANF (formerly AFDC) MONTHLY AMOUNT \$ _____
 - SSI MONTHLY AMOUNT \$ _____
 - SOCIAL SECURITY MONTHLY AMOUNT \$ _____
 - PRIVATE BENEFITS MONTHLY AMOUNT \$ _____
 - OTHER MONTHLY AMOUNT \$ _____
- EXPLAIN: _____

- NAME OF EMPLOYER: _____

POSITION/TITLE: _____ HOURLY RATE: _____

ADDRESS: _____ ZIP: _____

PHONE: (505) _____ Ext: _____

START DATE: _____ # HRS/WEEK: _____

FAMILY MEMBER INFORMATION: (Exclude Head of Household)

LAST NAME _____ FIRST NAME _____ MI _____
SOCIAL SECURITY # _____ DATE OF BIRTH _____ SEX (M/F) _____
PLACE OF BIRTH (CITY & STATE) _____ NATIONALITY _____
ELDERLY: YES _____ NO _____ DISABLED: YES _____ NO _____ HANDICAPPED: YES _____ NO _____
RELATIONSHIP: _____ CITIZEN OF THE US: YES _____ NO _____

LAST NAME _____ FIRST NAME _____ MI _____
SOCIAL SECURITY # _____ DATE OF BIRTH _____ SEX (M/F) _____
PLACE OF BIRTH (CITY & STATE) _____ NATIONALITY _____
ELDERLY: YES _____ NO _____ DISABLED: YES _____ NO _____ HANDICAPPED: YES _____ NO _____
RELATIONSHIP: _____ CITIZEN OF THE US: YES _____ NO _____

LAST NAME _____ FIRST NAME _____ MI _____
SOCIAL SECURITY # _____ DATE OF BIRTH _____ SEX (M/F) _____
PLACE OF BIRTH (CITY & STATE) _____ NATIONALITY _____
ELDERLY: YES _____ NO _____ DISABLED: YES _____ NO _____ HANDICAPPED: YES _____ NO _____
RELATIONSHIP: _____ CITIZEN OF THE US: YES _____ NO _____

LAST NAME _____ FIRST NAME _____ MI _____
SOCIAL SECURITY # _____ DATE OF BIRTH _____ SEX (M/F) _____
PLACE OF BIRTH (CITY & STATE) _____ NATIONALITY _____
ELDERLY: YES _____ NO _____ DISABLED: YES _____ NO _____ HANDICAPPED: YES _____ NO _____
RELATIONSHIP: _____ CITIZEN OF THE US: YES _____ NO _____

LAST NAME _____ FIRST NAME _____ MI _____
SOCIAL SECURITY # _____ DATE OF BIRTH _____ SEX (M/F) _____
PLACE OF BIRTH (CITY & STATE) _____ NATIONALITY _____
ELDERLY: YES _____ NO _____ DISABLED: YES _____ NO _____ HANDICAPPED: YES _____ NO _____
RELATIONSHIP: _____ CITIZEN OF THE US: YES _____ NO _____

(Provide additional family members on separate sheet if necessary)

I, DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT ME IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT ALL CHANGES IN INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE BERNALILLO COUNTY HOUSING DEPARTMENT IN WRITING IMMEDIATELY.

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY:
