

**BERNALILLO COUNTY HOUSING DEPARTMENT  
 2400 WELLESLEY NE, SUITE 100  
 ALBUQUERQUE, NM 87107  
 (505) 314-0200 PH# (505) 462-9737 FAX#**

**ADDENDUM TO APPLICATION FOR ASSISTED HOUSING**

PLEASE **CHECK** WHAT CHANGES YOU ARE MAKING TO YOUR APPLICATION:

- \*ADDRESS: \_\_\_\_\_
- \*INCOME/SCHOOL: \_\_\_\_\_
- \*NAME CHANGE: \_\_\_\_\_
- \*ADDING/REMOVING FAMILY MEMBER: \_\_\_\_\_

**HEAD OF HOUSEHOLD INFORMATION**  
 (PLEASE **PRINT** NEATLY)

SOCIAL SECURITY #	LAST NAME	FRST NAME		
ADDRESS	APT. #	CITY	STATE	ZIP CODE
TELEPHONE: HOME _____		WORK _____	MSG _____	
CITIZEN: YES ___ NO ___				

**\*INOME SOURCE: (CIRCLE YES OR NO AND GIVE AMOUNT)**

- |                        |     |    |                         |
|------------------------|-----|----|-------------------------|
| • TANF (formerly AFDC) | YES | NO | MONTHLY AMOUNT \$ _____ |
| • SSI                  | YES | NO | MONTHLY AMOUNT \$ _____ |
| • SOCIAL SECURITY      | YES | NO | MONTHLY AMOUNT \$ _____ |
| • CHILD SUPPORT        | YES | NO | MONTHLY AMOUNT \$ _____ |
| • PRIVATE BENEFITS     | YES | NO | MONTHLY AMOUNT \$ _____ |
| • OTHER                | YES | NO | MONTHLY AMOUNT \$ _____ |
| • WAGES:               | YES | NO | MONTHLY AMOUNT \$ _____ |

**POSITION/TITLE** \_\_\_\_\_ **HOURLY WAGE** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**DATE HIRED:** \_\_\_\_\_ **HRS. WORKED PER WEEK:** \_\_\_\_\_

(Please complete family member information on backside)

**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

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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

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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

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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

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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)

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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:** \_\_\_\_\_