



**Preliminary Application Update Form  
Housing Choice Voucher (HCV) Program**

*(Attach additional sheets of paper, if necessary, to report all household changes or corrections.)*

Section A: HEAD OF HOUSEHOLD (HOH) INFORMATION				
Last Name		First Name		Social Security Number (SSN) or Alien Registration Number (ARN)
Preliminary Application Confirmation Number(s)				
<div></div> <div></div> <div></div> <div></div>				
SECTION B: CHECK THE BOX NEXT TO THE TYPE OF CHANGE(S) AND PROVIDE UPDATED INFORMATION/CORRECTIONS				
<input type="checkbox"/>	Change in HOH Name	Last Name		First Name
<input type="checkbox"/>	Change of Address	Street Address		Apartment No.
		City		State Zip Code
<input type="checkbox"/>	Change of Contact Information	New Phone Number: ( )		
		New Email Address:		
<input type="checkbox"/>	Change in Income	Family's Total Monthly Gross Income: \$		
<input type="checkbox"/>	Change in Assets	Family's Total Assets: \$		
<input type="checkbox"/>	Change in Employment			
Name (Last, First Name)		Birth Date	Relationship to HOH	Employer (Name, Phone, City, State, Zip)
				Effective Date of Change

SECTION C: ADD OR REMOVE FAMILY MEMBER(S)						
Check One	Last Name	First Name	SSN or ARN	Birth Date	Relationship to HOH	Sex (Check One)
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: ADD OR REMOVE OPTIONAL CONTACT PERSON OR ORGANIZATION						
Add <input type="checkbox"/> Remove <input type="checkbox"/>	Name of Person or Organization					
	Street Address (including Apt. or Suite No.), City, State, Zip Code					
	Telephone No.			Cell Phone No.		
	Relationship to Applicant					
	Reason Code (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to Contact You  <input type="checkbox"/> Termination of Rental Assistance  <input type="checkbox"/> Eviction from Unit  <input type="checkbox"/> Late Payment of Rent               </div> <div> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in Lease Terms  <input type="checkbox"/> Change in House Rules  <input type="checkbox"/> Other _____               </div> </div>					
Add <input type="checkbox"/> Remove <input type="checkbox"/>	Name of Person or Organization					
	Street Address (including Apt. or Suite No.), City, State, Zip Code					
	Telephone No.			Cell Phone No.		
	Relationship to Applicant					
	Reason Code (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to Contact You  <input type="checkbox"/> Termination of Rental Assistance  <input type="checkbox"/> Eviction from Unit  <input type="checkbox"/> Late Payment of Rent               </div> <div> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in Lease Terms  <input type="checkbox"/> Change in House Rules  <input type="checkbox"/> Other _____               </div> </div>					
SECTION E: SIGNATURE						
Head of Household Signature: _____ Date: _____						
<b>Return form by Mail: Georgia Department of Community Affairs</b> <b>P. O. Box 450329</b> <b>Atlanta, GA 31145</b>						
<b>For Official Use Only</b>		Client Number	Date	Staff		