YUROK INDIAN HOUSING AUTHORITY

15540 US Hwy 101 North, Klamath, CA 95548-9351• 707- 482-1506; 800-281-4749; FAX 707-482-3117

APPLICATION UPDATE

COMPLETE THIS FORM IF YOU NEED TO UPDATE YOUR HOUSEHOLD INFORMATION

Name:_____

Last First Middle Maiden Name (If any)

Mailing Address:_____

Street or PO Box City State Zip

Residence Address:_____

Street City State Zip

Telephone Number: Home (_____)_____ Work (_____)_____

RENTAL: ☐ *Low Rent* ☐ *Student Rental*

HOMEOWNERSHIP: ☐ *Mutual Help* ☐ *Down Payment* ☐ *Individual Development Acct.*

REHABILITATION: ☐ *Rehabilitation* ☐ *Self-Help* ☐ *Elder Heating, Air Purification*

FAMILY INFORMATION: Starting with yourself, list all persons who will be living in the household on a permanent basis.

Name	Date of Birth	Social Security #	Relationship to Applicant	Tribal/Roll #
			Applicant	

*All persons age 18 or over must have a completed and signed *Release of Information* form in the applicant's file.

*Verification of Income for Applicant's household must be updated annually -or- when there is a change in information.

*Applicant must also verify Social Security Numbers for each member of the household.

By signing below I confirm that all the above information is true and correct.

YIHA RECEIVED STAMP:

_____

Signature of Applicant Date

Client #:_____