

OCCUPANCY DEPARTMENT
Chesapeake Redevelopment and Housing Authority

Phone (757) 470-5860 • Fax (757) 233-6725 • TDD (For Hearing Impaired) Virginia Relay (757) 523-1316 or 7-1-1
www.crhava.org

CHANGE IN INFORMATION
Public Housing Waiting List Clients Only

Name: _____

Social Security Number: xxx-xx-_____ Phone Number: (757)_____

I would like to update my application with the following information:

MAILING ADDRESS
 My new mailing address is:

DECLARATION OF PREFERENCE *(please attach documentation to support preference claim, ie: check stub, school enrollment, protective order, etc....)*

- Resident who lives or work in Jurisdiction (City of Chesapeake)
- Involuntary Displacement
- Victim of Domestic Violence
- Victim of Reprisals or Hate Crime
- Working and those unable to work because of age or disability
- Those currently enrolled in educational, training or upward mobility programs

ADD A HOUSEHOLD MEMBER *(in order to process this change you must provide birth certificate, social security card and any income received)*

FULL NAME	SOCIAL SECURITY #	RELATION TO HEAD	SEX	RACE/ ETHNICITY	BIRTH DATE	AGE	DISABLED (please circle one)		STUDENT (please circle one)	
							YES	NO	YES	NO

REMOVE A HOUSEHOLD MEMBER

FULL NAME	SOCIAL SECURITY #	RELATION TO HEAD	SEX	BIRTH DATE	AGE



WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to and Department or Agency of the United States as to any matter within its jurisdiction.



OTHER:

Please explain: _____

The information above is true to the best of my knowledge and I am aware that any false statements will be grounds for termination from the program.

Client Signature

Date

Other Adult Signature

Date

FOR OFFICE USE ONLY

Date Received: _____

Date Entered in System: _____

CRHA Representative: _____

Notes: _____
