

Chesapeake Redevelopment & Housing Authority

Occupancy Department

1468 S. Military Highway Chesapeake, VA 23320

Phone: (757) 233-6410 Fax: (757) 233-6417 TDD: (757) 523-1316

Change in Information

(Waiting list clients only)

Name: _____

Social Security Number: _____

Phone Number: _____

Please check waiting list you are currently on:

Public Housing Section 8

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

(Please check all that apply)

Mailing Address:

(Please include City/ST/ZIP)

Declaration of Preference

(Please attach documentation to support preference claim. ie: check stub, school enrollment, protective order, etc.)

- Residents who live or work in Jurisdiction (City of Chesapeake)
- Involuntary displacement
- Victim of domestic violence
- Victim of Reprisals or hate crimes
- Working and those unable to work because of age or disability
- Those currently enrolled in educational, training or upward mobility programs

Add Household Member

(Please provide Birth Certificate, Social Security card, and any income received.)

| Full Name | Social Security # | Relation to Head | Sex | Race/Ethnicity | Birth Date | Age | Disabled | | Student | |
|-----------|-------------------|------------------|-----|----------------|------------|-----|----------|----|---------|----|
| | | | | | | | Yes | No | Yes | No |
| | | | | | | | Y | N | Y | N |
| | | | | | | | Y | N | Y | N |
| | | | | | | | Y | N | Y | N |

Remove Household Member

Name: _____

Relationship: _____

Name: _____

Relationship: _____

In order to process your change you must attach documents to verify this information.

Signature: _____

Date: _____