



211 19th Ave North  
Nampa, ID 83687

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## APPLICANT CHANGE FORM

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### ► Address Change

New Address: \_\_\_\_\_

► **Income**            Increase \_\_\_\_\_            Decrease \_\_\_\_\_

Comments: \_\_\_\_\_

### ► Employment (when applicable)

Beginning \_\_\_\_\_            Terminated \_\_\_\_\_            Hrs per week \_\_\_\_\_

Comments: \_\_\_\_\_

► **Family Member**            New \_\_\_\_\_            Moving \_\_\_\_\_

Name: \_\_\_\_\_

Comments: \_\_\_\_\_

### ► Other Changes

Comments: \_\_\_\_\_

**IMPORTANT: Please initial all NHA Preferences that apply to you. You must be able to verify ALL preferences that you claim.**

- Working Family – Employment must for 90 day period at 30 hours per week
- Training/Education – Head of Household and/or spouse is enrolled as a fulltime student
- Elderly/Disabled

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Equal Housing Opportunity*