

TOPEKA HOUSING AUTHORITY

REQUEST TO CHANGE PREFERENCE

Head of Household Name: _____

Social Security Number: _____

Program: Section 8: _____ Public Housing: _____ Both _____

I am claiming a change in my status for my application: (Mark all that apply for the **head of household or the spouse**):

_____ Working _____ Elderly or Disabled _____ Not claiming a preference

Please mark all income for your family and indicate monthly amounts:

___ Employed: \$ _____

Name of person employed: _____

Place of employment: _____

___ SSI/SSDI/SS: \$ _____

Name of person receiving: _____

___ SRS: Cash assistance: \$ _____

Food stamps: \$ _____

___ Unemployment: \$ _____

___ Child Support: \$ _____

___ Pension: \$ _____

___ No income of any kind

___ Other (please explain)

Remember to keep an accurate address with the Housing Authority at all times.

FALSELY CLAIMING A PREFERENCE MAY CAUSE YOUR APPLICATION TO BE DENIED.

Signature

Date

Signature

Date