



Marion County
OREGON
County Housing Authority



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APPLICANT UPDATE REPORT

Phone (503) 798-4170
FAX (503) 798-4171
TDD 1-800-735-2900

HEAD OF HOUSEHOLD NAME _____ SS# _____

Name of person filling out this form if not Head of Household _____

Signature _____ Date _____

CHANGE IN CONTACT INFORMATION

New Mailing Address _____

New Physical Address _____

New Email _____

New Home Phone Number _____ New Message Number _____

New Cell Phone Number _____

EMPLOYMENT/INCOME CHANGE

Family Member _____ Date Change Occurred _____

Type of Change: New Job Job Ended Other _____

Explain ALL Changes in Household Income _____

CHANGE IN FAMILY COMPOSITION

Add Remove

Add Remove

Name _____

Name _____

SS# _____

SS# _____

Date Moved In/Out _____

Date Moved In/Out _____

Male/Female Citizen: Yes/No

Male/Female Citizen: Yes/No

Date of Birth _____

Date of Birth _____

Relationship _____

Relationship _____

OTHER CHANGE(S)

Explain Changes _____

I NOW QUALIFY FOR A RESIDENCY PREFERENCE. PLEASE CHANGE MY STATUS.

REASONABLE ACCOMMODATION

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority office.

STATEMENT OF NONDISCRIMINATION

Marion County Housing Authority does not discriminate on the basis of race, color, sex, religion, familial status, age, disability, national origin (called "protected classes"), marital status, source of income, type of occupation, sexual orientation, gender identity or domestic partnership.

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Waiting List(s): _____

Entered Data: _____

Scanned: _____

Other: _____

This agency is an equal opportunity provider
2645 Portland Rd. NE, Suite 200, Salem, OR 97301

