



Housing Authority and Urban Renewal
Agency of Polk County

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www.wvpha.org

CHANGE OF CIRCUMSTANCE FORM
(PRE-APPLICATION UPDATE)

HEAD OF HOUSEHOLD: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER (LAST FOUR DIGITS ONLY): _____

FAMILY COMPOSITION CHANGES

ADD OR REMOVE	LAST NAME	FIRST NAME	M.I.	RELATION TO HEAD	GENDER	SOCIAL SECURITY NUMBER	DATE OF BIRTH

INCOME INFORMATION CHANGES

MONTHLY GROSS INCOME	SOURCE (Wage, Pension, TANF, etc)	HOUSEHOLD MEMBER RECEIVING THIS INCOME

ADDRESS / PHONE NUMBER CHANGES

OLD MAILING ADDRESS: _____

NEW MAILING ADDRESS: _____

OLD TELEPHONE NUMBER(S):() ()

NEW TELEPHONE NUMBER(S):() ()

OTHER INFORMATION

A willful misrepresentation or omission of a material fact in this pre-application can be cause for rejection of this pre-application.

Signature _____

Date _____

