

Norman Housing Authority

700 N. Berry Road

7.

Norman, Oklahoma 73069

Phone (405) 329-0933

Fax (405) 573-0345

Update Information for Public Housing Waiting List

Current Date:	Application Date:					
Applicant Name:			Phone Number:			
Current Address:			Other Number:			
			_			
Please list Complex/L	andlord information	(or family/friends) for	your current address t	that you listed above:		
Contact Name:	_	Relationship (pl	ease circle): Landle	ord Family/Friend		
Their Address: Phone Number:						
Household Composi	tion: List all persons	who will be living in y	our home, listing he	ad of household first		
Name As it Appears on Social Security Card	Date of Birth	Relationship to Head of Household	Social Security Number	Single, Married, Separated, or Divorced		
1.						
2.						
3.						
4.						
5.						
6.						

Total Household Income: List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, social security, disability payments (SSI), Workman's Compensation, Retirement Benefits, Rental Property Income, Stock Dividends, Income From Bank Accounts, Alimony, and all other sources.

Household Member	Employer's Name & Address	Total Weekly Wages	Child Support	DHS Benefits	Social Security Benefits	All Other Earned Income
1.						
2.						
3.						

Assets: (Please complete the questions below)

Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? YES/NO
If yes, please explain:
Have you sold any real estate in the last two years? YES/NO If yes, please explain:
Do you own any Stocks, CD's or Bonds? YES/NO If yes, please explain:
Do you have a checking/savings account? YES/NO If yes, give bank name:
I, DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT ME IS TRUE AND CORRECT. I ALSO UNDERSTAND ALL CHANGES IN INCOME OF ANY MEMBER OF THE HOUSEHOLD, AS WELL AS, ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE HOUSING AUTHORITY IN WRITING IMMEDIATELY
HEAD OF HOUSEHOLD DATE SPOUSE/OTHER ADULT DATE