



# APPLICANT'S STATUS CHANGE FORM

*Please return the completed form by mail, fax or e-mail to:*  
Arlington Housing Authority, 501 W. Sanford, Suite 20, Arlington, TX 76011  
Fax Number: 682-367-1000  
E-mail: [Waiting@arlingtonhousing.us](mailto:Waiting@arlingtonhousing.us)

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

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

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Reporting:**  Change in Address  
 Change in Employment Status  
 Change in Household Composition

**New Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Change in Employment Status: (Identify Employer or Source of Income)**

- I am currently Employed:  
Employer Name: \_\_\_\_\_
- I am no longer Employed:  
Remove Employer Name: \_\_\_\_\_
- I currently receive Social Security Disability benefits:

**Change in Household Members:**

Add Name: \_\_\_\_\_  
Add Name: \_\_\_\_\_  
Remove Name: \_\_\_\_\_  
Remove Name: \_\_\_\_\_

