



Office: (910) 671-8200 Fax: (910) 802-4526

407 N. Sycamore Street Lumberton, NC 28358

LumbertonHousing.org 合との

INSTRUCTIONS FOR APPLICATION STATUS CHANGE/UPDATE FORM

Please read carefully before completing the status change form on the reverse side. It is the applicant's responsibility to notify The Housing Authority of the City of Lumberton (HACL) if there is an address change and if it differs from what we have on record. Failure to do so may result in your application being withdrawn due to being unable to notify you when you reach the top of our waiting list(s).

- 1. When filling out a status change form, only mark the change you are reporting.
- 2. If you are adding someone to your household, follow the instructions below.

For each person **under age 18**, please attach copies of the following:

- Social Security Card
- Certified Copy of Birth Certificate
- Proof of all income received for that person if applicable.

Note: Legal Custody Documentation must be provided if the child is **not** biologically yours.

For each person 18 and over, please attach copies of the following:

- Social Security Card
- Certified Copy of Birth Certificate
- Marriage license (if adding spouse)
- Photo ID (18 years and older)

All forms and copies submitted should be clear and easy to read. If they are not, your information may not be processed and the paperwork returned to you. Once your paperwork is accepted, HACL is unable provide you with copies of what you have submitted.

Note: A criminal background check will be performed on all family members 18 years and older at the time your application is pulled from the waiting list to determine program eligibility.

For Housing Authority Use O	nly		
NOTE:			





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Public Housing Application Status Change

Changes in address, telephone number(s), and any additions to or deletions from the household must be submitted in writing to The Housing Authority of the City of Lumberton. Failure to report address changes may result in your file being withdrawn due to HACL not being able to notify you when you reach the top of our waiting list(s). *Please PRINT clearly*.

	(Please print):		1.11
Last (4) digits of Social Securit	y Number: XXX-XX	(Head of House	ehold)
ADDRESS CHANGE UPDA	ГЕ:		
Old Address:	City:	State:	Zip:
New Address:	City:	State:	Zip:
Cell phone:	Home	Phone:	
Email Address:			
HOUSEHOLD COMPOSITI	ON LIDDATE.		
		Pakad balana	
Check One:Add /Ren	•		
First Name:			
Place of Birth:			
ast 4 digits of Social Security	Number: XXX-XX-	Age: Date of B	Sirth:
Relationship to you:		Sex Male	Female
1 3			
	· <u></u>		
Please list any other changes:			luded):
	E UPDATE (current ve		luded):
Please list any other changes:	E UPDATE (current ve	erification must be inc	luded):
Please list any other changes: HOUSING PREFERENCE Working Preference	E UPDATE (current ve	erification must be inc	,
Please list any other changes: HOUSING PREFERENCE Working Preference Homeless Veteran	E UPDATE (current vo	e rification must be inc Single/Elderly Disable Rent Burden	,

WARNING: Section 1001 of the Title 18 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.