



**BURLINGTON HOUSING AUTHORITY**  
**65 MAIN STREET**  
**BURLINGTON, VT 05401-8408**  
**PHONE: (802) 864-0538**  
**FAX: (802) 658-1286**  
**www.burlingtonhousing.org**



**PRELIMINARY APPLICATION UPDATE FORM**

HEAD OF HOUSEHOLD			
<b>NAME</b>	FIRST	LAST	MIDDLE INITIAL/MAIDEN NAME
<b>MAILING ADDRESS</b>	PO BOX / STREET	<b>PHYSICAL ADDRESS</b>	STREET ADDRESS
	CITY/TOWN		CITY/TOWN
	STATE/ZIP CODE		STATE/ZIP CODE
<b>TELEPHONE NUMBERS</b>	HOME	WORK	PAGER/CELL PHONE

**PLEASE CHECK WHICH OF THE FOLLOWING CHANGES YOU ARE REPORTING**

- CHANGE OF ADDRESS ONLY
- IF REPORTING A CHANGE IN HOUSEHOLD, COMPLETE BELOW

HOUSEHOLD COMPOSITION						
List all persons who will be living in the household when you receive rental assistance. Use additional sheets if necessary.						

NAME	RELATION	SOCIAL SECURITY #	SEX	AGE	DATE OF BIRTH	PLACE OF BIRTH
1	Head					
2						
3						
4						
5						
6						

\_\_\_\_\_  
Head of Household – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult – Signature

\_\_\_\_\_  
Date