

## Wichita Housing Authority Applicant Update

## **Information Being Updated** (mark all that apply)

oplicant Name						
First			Middle Initial		Last	
SN#			!	Date of Birth		
Phone #			Email			
ew Address (or current)						
		Addres	s, City, S	State, Zip		
ld Address				State, Zip		
		Addico	o, Oity, .	Jίαι <del>υ</del> , Διρ	_	_
		Loca	al Pre	ference		
I live. work, or h	ave been hired			gwick, Butler, or l	Harvev county	excluding the
			•	A local preference	•	<b>5</b> 7.5.5.5
	н	louseh	old C	omposition		
Comple				or removing a memb	er of your house	hold:
Last Name	First Name	Age	Sex	Relationship	SS#	Date of Birth
		-				
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		<b>T</b>				
		T				
		$T_{\underline{}}$				
lead of Household Si	anature				Date	
	gnaturo				<b></b>	
		Off	ice Us	e Only		
Date Received:				Date Complete	54·	
		_		Da. 3 3 3	,u	
Updates made by:						

455 N. Main-10<sup>th</sup> Floor Phone: (316) 462-3700 Wichita, KS 67202 Fax: (316) 219-6350

WHA@wichita.gov

WHA 1/2021