

**BROCKTON HOUSING AUTHORITY
45 GODDARD ROAD P.O. BOX 7070
BROCKTON, MA. 02303-7070
(508) 588-6880**

APPLICATION UPDATE

CONTROL NUMBER _____

APPLICANT: _____ PHONE NUMBER _____

STREET ADDRESS : _____ CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

FAMILY COMPOSITION

NAME	DATE OF BIRTH	SOCIAL SECURITY #	RELATION	AGE	SEX	VETERAN STATUS
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

FAMILY INCOME/ASSETS

FAMILY MEMBER	INCOME DESCRIPTION/AMOUNT	ASSET DESCRIPTION	AMOUNT	-
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If Head or Co-Head of household is employed please complete the following

EMPLOYERS NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

HOURLY WAGES: _____ AVERAGE HOURS WORKED PER WEEK _____

DEDUCTIONS AND ALLOWANCES

FAMILY MEMBER	DESCRIPTION	AMOUNT	-
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Have you or any persons named to reside with you been convicted of a crime other than a parking violation? Yes _____ No _____

NAME	DATE OF CRIME	NATURE OF OFFENSE	LOCATION	SENTENCE
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I understand this update is not a contract and that the housing authority is not obligated to give me an apartment until such time as they inform me that I have been awarded an apartment pursuant to my application. I understand I should not make any plans to move into subsidized housing or terminate my present tenancy until I am further contacted and told that an apartment has been offered to me. I hereby certify that the information contained in this application is correct and authorize the Brockton Housing Authority to make inquiries from any parties for the purpose of verifying the truth of the statements contained herein. Signed under the pains and penalties of perjury.

APPLICANTS SIGNATURE _____ DATE _____