

APPLICANT CHANGE REQUEST FORM

Head of Household Name: _____ Email address: _____

Phone #: _____ Social Security #: _____

I WANT TO MAKE THE FOLLOWING CHANGE(S) TO MY PRELIMINARY APPLICATION (SELECT ALL THAT APPLY)

() I WANT TO REPORT A CHANGE TO MY PREFERENCES ON MY PRELIMINARY APPLICATION:

** **WARNING:** Do not select a preference for which you do not qualify. **

BVCOG LOCAL PREFERENCES	YES	NO
Is any member of your household an honorably or other than honorably discharged veteran, active military service member, or spouse of an honorably or other than honorably discharged veteran or active military service member? <i>(You must provide proof of active military service by providing a copy of you DD214 Service Member 4 copy)</i>		
Was your household residing in one of the following counties in Texas at the time of your application: (1) Brazos, (2) Madison, (3) Leon, (4) Grimes (excluding the city of Navasota), (5) Burleson, (6) Robertson or (7) Washington County (excluding the City of Brenham)? <i>(You must provide proof of residing in the above counties by a State DL or ID that shows the address at the time you completed your application, or a lease that shows the dates and name of the head of household on it or a utility bill (Water, Electric or Natural gas bill) showing the head of household name, address in the area and the must cover the date that you completed your application)</i>		
Are you and/or your spouse a person who is at least 62 years of age? <i>(You must provide proof of age with a birth certificate or other official record of birth for age verification.)</i>		
Is any adult in your household a non-elderly person with disability who is transitioning from institutional or other segregated settings, at serious risk of institutionalization, homeless, or at risk of homelessness? <i>(You must provide proof of homelessness from an outside agency)</i> Non-elderly person with disabilities must be at least 18 years of age and less than 62 years of age to be eligible for the preference and does not need to be the head of the household. <i>(You must provide proof of age with a birth certificate or other official record of birth for age verification along with Verification of the receipt of disability benefits from the Social Security Administration (SSA). Have a long term disability as defined in 42 U.S.C. Section 423(d)(1)(A) or has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000 per HUD's definition.)</i>		

() I HAVE A NEW MAILING ADDRESS:

***All future correspondence will be sent to this address. Failure to reply to any HCV Program correspondence will result in your being removed from the HCV Waiting List.**

Head of Household Certification: *I do hereby swear and attest that all of the above information is true and correct to the best of my knowledge. I understand that if I do not qualify for one of the above preferences, I am not eligible for priority selection on the waiting list.*

Head of Household Signature

Date



**BRAZOS VALLEY COUNCIL OF GOVERNMENTS
HOUSING CHOICE VOUCHER PROGRAM
P.O. DRAWER 4128 • BRYAN, TX 77805-4128 • housing.clerk@bvcog.org**

() I WANT TO REPORT CHANGES IN INCOME: (ENTER NEW MONTHLY TOTALS FOR ALL ADULTS. PLEASE PRINT LEGIBLY.)

Employee Wages	Social Security	SSI	TANF/AFDC	Worker's Comp/Unemployment	Child Support	Pension	Contributions from Others	Other Income

() I WANT TO CHANGE MY NAME ON THE PRELIMINARY APPLICATION TO:

Head of Household Full Name: _____

Reason for Change: _____

() I WANT TO ADD OR CHANGE MY TELEPHONE NUMBER TO:

Home or Cell Phone #: () _____

() I WANT TO ADD OR CHANGE MY E-MAIL ADDRESS TO:

New e-mail address: _____

() I WANT TO CHANGE THE HEAD OF HOUSEHOLD TO:

New Head of Household Full Name: _____

Reason for change: _____

**** Please provide a copy of the new Head of Household Social Security card.***

Please contact the BVCOG Housing Choice Voucher Program at (979) 595-2801 ext. 2042 if you have any questions. Texas Relay provides accessibility for the hearing impaired at (800) 735-2989 and TDD at (800) 735-2988.

Head of Household Certification: *I do hereby swear and attest that all of the above information is true and correct to the best of my knowledge. I understand that if I do not qualify for one of the above preferences, I am not eligible for priority selection on the waiting list.*

This notice describes the privacy policy of BVCOG and Service Point, the Homeless Management Information System (HMIS). Service Point is web-based software. We will not turn your information over to a national database. We may amend this policy at any time. We collect personal information only when necessary. It may be necessary to use or disclose your information to provide you with services or to comply with legal and other obligations. Information that could be used to tell who you are will never be used in our reports. You can inspect the personal information that we maintain about you in the HMIS and ask us to correct inaccurate or incomplete information. You can ask us about our privacy policy or practices. We will respond to written questions and complaints in a timely manner. Read the full notice for more details. Anyone can have a copy of the full notice upon request.

I hereby authorize BVCOG, its administrative staff, employees and designees to access and share any and all pertinent information about my case in the Homeless Management Information System (HMIS) and with other organizations for purposes of improving services to me and/or my family and to complete the application process, governed by the policies set forth in the Privacy Notice. I further agree to hold harmless and save BVCOG, its administrative staff, employees and designees from any liability resulting from such exchange of information. This is a general release and does not include authorization to release information about substance abuse or medical diagnoses including HIV/AIDS or domestic violence situations.

Head of Household Signature

Date

