



P. Holden Croslan
Executive Director

807 Main Street
Peekskill, New York 10566
Phone: 914-739-1700
Fax: 914-739-1787

Applicant Change of Information Form

Name _____ SSN _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number (s) _____

Reason for change (Please fill in all that apply):

- Address change
- Phone number change
- Change of Income: Source of Income _____
Amount _____ each (**circle one**): week bi-week month year

Withdraw my application for public housing.

Remove a person from my application:

Name of person to remove _____ date of birth _____

Name of person to remove _____ date of birth _____

Add a person to my application (additional persons may be added on the back):

Name of person to add _____ date of birth _____

SSN _____ race _____ sex _____

Relationship to you _____

Applicants signature _____ Date _____