



Punta Gorda Housing Authority

APPLICANT CHANGE FORM

**DROP OFF OR MAIL TO:  
340 GULF BREEZE AVE.  
PUNTA GORDA, FL 33950**

SECTION 8  VERANDAS  PUBLIC HOUSING

HEAD OF HOUSEHOLD NAME: \_\_\_\_\_  
(Please Print)

**TYPE OF CHANGE**

ADDRESS  TELEPHONE  FAMILY  INCOME

NEW ADDRESS: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

NEW PHONE #: \_\_\_\_\_

OLD PHONE #: \_\_\_\_\_

WHAT TYPE OF CHANGE IN FAMILY CIRCUMSTANCES:  
\_\_\_\_\_  
\_\_\_\_\_

WHAT TYPE OF CHANGE IN FAMILY INCOME OR EMPLOYMENT:  
\_\_\_\_\_  
\_\_\_\_\_

IS EMPLOYMENT 20 HOURS OR MORE PER WEEK? YES  NO

\_\_\_\_\_  
**HEAD OF HOUSEHOLD SIGNATURE** **DATE**