



THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

UPDATE OF CLIENT INFORMATION

NAME: _____

CURRENT ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

WORK PHONE: _____

E-MAIL ADDRESS: _____

NAME OF FRIEND OR RELATIVE: _____

PHONE NUMBER: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and all other family members who will be living in the assisted unit. Give the relationship of each member to the Head of Household.

Member Number	Member's Full Name	Relationship	Birth Date	Social Security Number

Sources of Income: _____

Total Annual Income: _____

If employed, enter the Name of the City or Town you work in: _____

