

PBV New Freedom Apartments, New Freedom

HOUSING AUTHORITY OF THE CITY OF YORK

31 SOUTH BROAD STREET YORK PA 17403

PHONE (717) 845-2601 TDD ONLY (717) 846-9157

OFFICE USE ONLY	
UPDATED	
DONE BY Effective 06.01.2023	

APPLICATION UPDATE ONLY THIS IS TO MAKE CHANGES ON YOUR APPLICATION

NAME OF HEAD	OF HOUSE	EHOLD				S	SN #		
File Address					City/Sta	ate		Zip	
NEW Address(must have a mailing address)					City/St	City/State		Zip	
Current Landlord					Lease S	Start Date	<u> </u>		
ADDING OR RE	MOVING	PEOPLE F	ROM YOU	JR APPLICAT	ION				
FULL NAME		RELATIONSHI TO YOU	IP SEX	DATE OF BIRT	TH SOCIAL S	SOCIAL SECURITY #		IRED ACTION	DOES THIS PERSON HAVE INCOME?
								REMOVE	YES OR NO
							ADD O	REMOVE	YES OR NO
you expect any future ADDING OR RE						nclude any	y unborn	child in your fa	mily composition.
FULL NAME	DESIR	ED ACTION	WEEKLY WAGES	TANF/CASH ASSISTANCE MONTHLY	CHILD SUPPORT MONTHLY	SOCIAL SE OR SSI BE MONT	NEFITS	UNEMPLOYMEI COMPENSATIO WEEKLY	
		R REMOVE							
	ADD OF	R REMOVE							
ACCOMMODAT Does anyone in y hearing/visual, m	our house	hold have a	disability o			quire an a	npartmer	it with specific	features such as
Does anyone in y	our housel	hold have a wheelchair a	disability o		Yes	quire an a	_	nt with specific	other explain
Does anyone in yohearing/visual, me	our housel	hold have a wheelchair a	disability o	tions? No	Yes		_	_	OTHER
Does anyone in y hearing/visual, me	your house nobility or v	hold have a wheelchair a HEARIN	disability o	tions? No	Yes		_	_	OTHER
Does anyone in y hearing/visual, m	our house nobility or v	hold have a wheelchair a HEARIN	disability of accommodal NG/VISUAL	HEARING ONL	Yes Y VISU e that you ha	AL ONLY	MOI	BILITY	OTHER
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2 Bedroom _

3 Bedroom