

<b>BETHLEHEM HOUSING AUTHORITY</b> 645 MAIN STREET BETHLEHEM, PA 18018-3899 OFFICE: (610) 865-8301    FAX: (610) 865-8318	<b>UPDATE FORM</b>  Rev: 6/2023
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<b>Applicant/Tenant:</b>  <b>Contact # :</b>  <b>Email:</b>	<b>New Address:</b>  <b>Old Address:</b>
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**INCOME UPDATE ONLY**

Income <b>Added</b> for:  Start date: _____	Income <b>Removed</b> for:  End Date: _____
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<input type="checkbox"/> SS <input type="checkbox"/> SSD <input type="checkbox"/> SSI <input type="checkbox"/> Wages <input type="checkbox"/> Child Care costs <input type="checkbox"/> Unemployment PIN # _____ <input type="checkbox"/> SNAP <input type="checkbox"/> TANF	<input type="checkbox"/> SSP <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Job Training <input type="checkbox"/> Self-employed <input type="checkbox"/> AARP <input type="checkbox"/> FT Student Status <input type="checkbox"/> Student wages <input type="checkbox"/> Other:	<input type="checkbox"/> SS <input type="checkbox"/> SSD <input type="checkbox"/> SSI <input type="checkbox"/> Wages <input type="checkbox"/> Child Care costs <input type="checkbox"/> Unemployment PIN # _____ <input type="checkbox"/> SNAP <input type="checkbox"/> TANF	<input type="checkbox"/> SSP <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Job Training <input type="checkbox"/> Self-employed <input type="checkbox"/> AARP <input type="checkbox"/> FT Student Status <input type="checkbox"/> Student wages <input type="checkbox"/> Other:
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**Explanation – YOU MUST WRITE THE EMPLOYER’S NAME OR OTHER INCOME SOURCE YOU’RE ADDING OR REMOVING:**

**FAMILY MEMBER UPDATE ONLY**

<b>Add Person:</b>  Relationship-  Is this person disabled? YES or NO (circle one)	<b>Remove Person:</b>
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<b>Provided:</b> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Social Security Card <input type="checkbox"/> Lease <input type="checkbox"/> Picture ID <input type="checkbox"/> Income(s) <input type="checkbox"/> Bank Statements	<b>Proof of Residency – Provide one of the following documents <u>if you are a Section 8 participant</u>:</b>  <input type="checkbox"/> A Lease ( <u>You must provide all pages</u> ) OR <input type="checkbox"/> A completed Residence Verification form
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<b>Signature:</b> _____	<b>Date:</b> _____
<b>BHA Representative:</b> _____	<b>Date:</b> _____

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 645 MAIN STREET BETHLEHEM, PA 18018-3899  
 OFFICE: (610) 865-8301 FAX: (610) 865-8318 TDD (610) 865-8333

**APPLICANT/TENANT CERTIFICATION**

I certify that the information I gave to the Bethlehem Housing Authority on my household composition, income, assets, allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that the information will be verified by the Bethlehem Housing Authority and submitted to the U.S. Department of Housing and Urban Development (HUD) on Form 50058.

**WARNING**

**I understand that false statements or information are grounds for denial of housing assistance and termination of tenancy from housing assistance programs. I understand that false statements or information are punishable under state and federal law as stated below:**

**STATE LAW:** Section 4904 (b) of Title 18 P.S. provides that a person commits a misdemeanor of the third degree if he makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice that false statements made therein are punishable by law. Any person found guilty of this provision shall be fined not more than \$2,500.00 or sentenced to a term of imprisonment for not more than one year, or both.

**FEDERAL LAW:** Section 1001 of Title 18 U.S.C. provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies... a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years or both."

I understand the above statements and certify that the information I gave to the Bethlehem Housing Authority is accurate and complete to the best of my knowledge and belief.

<b>Head of Household/Applicant</b>	<b>Date</b>
<b>Co-Head of Household/Applicant</b>	<b>Date</b>
<b>BHA Representative</b>	<b>Date</b>