

STATUS UPDATE FORM

Head of Household _____ Phone _____

Address _____

(This form must be notarized if changing your address)

Social Security # _____ Date of Birth _____

Please list members you wish to be part of your household

Name: _____
SSN: _____
Date of Birth: _____
Relationship: _____

Name: _____
SSN: _____
Date of Birth: _____
Relationship: _____

Name: _____
SSN: _____
Date of Birth: _____
Relationship: _____

Name: _____
SSN: _____
Date of Birth: _____
Relationship: _____

1. Do you currently live or work within one of the Islip Town hamlets? [Yes or No] circle one
2. Are you or your spouse gainfully employed working at least 20 hours per week at no less than minimum wage and have you been continuously so employed for at least the immediate past sixty (60) days, OR is the head of household, spouse or sole member an Elderly Person? [an Elderly person is defined as a person 62 years of age or older OR a disabled person] [Yes or No] circle one
3. Are you a veteran, or the spouse or widow of a veteran (Honorable Discharged)? [Yes or No] circle one

If you are a person with a disability and you require a specific accommodation in order to access the programs or services of the Islip Housing Authority contact the Section 504 Coordinator at the HA Main Office or refer to our website at www.isliphousing.org

Signature _____ Date _____

Notary _____ Date _____

MAIL OR FAX TO
963 Montauk Hwy, Oakdale, NY 11769
Phone: (631) 589-7100 Fax: (631) 589-6575
Hearing/Speech Impaired Dial 7-1-1 (NY Relay)
www.IslipHousing.org