



Malden Housing Authority

630 Salem Street

Malden, Massachusetts 02148

(781) 322-2517 Fax (781) 322-4838 TDD: (800) 545-1833 x103 (24 hrs)

www.Maldenhousing.org



MALDEN HOUSING AUTHORITY'S CHANGE OF STATUS REQUEST

Control No.(s) State Programs:_____ **Federal Programs:**_____

Section 8 Centralized Waiting List:_____ **PVB Waiting Lists:**_____

I, _____, now residing at _____

_____, hereby declare and represent to the
Malden Housing Authority the following:

* I am requesting to **add** the following person(s) to my application (son, daughter, spouse,
etc....(please submit a copy of birth certificate and social security card):

* I am requesting to **remove** the following person(s) from my application (son, daughter,
spouse, etc....:

* My income has reduced/increased due to, (please submit at least four (4) pay stubs, SSI,
SSDI, SS, EAEDC, TAFDC verification, etc.....:

I understand that I am making the aforementioned representation and declaration under the
pains and penalties of perjury.

Executed this _____ day of _____ 20 _____

Applicant's Signature: _____ MHA's Witness: _____