

Union County Housing Assistance Payment Program  
Development Directions LLC  
PO Box 916, Clark NJ 07066

**Change of Address/Circumstance Form**

Name of Person on the Waiting List \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**What has changed:**

- Address: \_\_\_\_\_  
(new address)
  
- Income: \_\_\_\_\_ (please show new income  
in the space provided).
  
- Family Size: \_\_\_\_\_ Please list the number of people  
now in your household.

Other pertinent changes to the applicants circumstance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date