



NATIVE AMERICAN CONNECTIONS

**NAC Permanent Supportive Housing**  
**UPDATE FORM**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

ALL INFORMATION BELOW MUST BE PROVIDED - DO NOT LEAVE ANY BLANKS

Please Print Clearly

**Print Name:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Alternate Phone Number:** \_\_\_\_\_

**Total average annual income for household:** \$ \_\_\_\_\_

**Size of apartment requested:**

(Studio / One) \_\_\_\_\_

**Number of persons to occupy this apartment:** \_\_\_\_\_

I agree that every 180-days I am responsible for updating NAC on my status.  
Failure to do so will result in my name being taken to an **INACTIVE** status on all  
Wait Lists. Your file will remain INACTIVE - until you report updated information  
and then you will be activated to the original date order in which you have applied.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

