

NOTICE OF CHANGE OF PERSONAL INFORMATION	NEW YORK CITY HOUSING AUTHORITY
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EMPLOYEE NAME (Current) LAST	EMPLOYEE NAME (Current) FIRST	M.I.
EMPLOYEE ID #	SOCIAL SECURITY # (Current)	DATE OF BIRTH (Current)

PRINT LEGIBLY, AND BE SURE TO SIGN AND DATE THIS FORM.

All employees must provide Human Resources with their current address of residence (NOT a Post Office Box number) and phone number, as well as an emergency contact name and phone number. This form changes your personal information for NYCHA's Human Resources records, W-2 and health benefits plan. Change of address for all other organizations must be made directly with them.

To change Name, SS # or DOB hand-deliver original form to: **HUMAN RESOURCES**, 90 Church Street, 5th floor, New York, NY 10007 with the supporting documents below:

- Change or correct your name and/or social security #, bring original SS# card with your correct name.
- Change or correct your date of birth, bring a copy of your birth certificate, original driver's or non-driver's license.

To change or correct all other personal information:

- Fax this form to [212-306-5124]; or ■ Mail this form inter-office to: **HUMAN RESOURCES**, 90 Church Street, 5th floor, New York, NY 10007

CHANGE/CORRECTION OF NAME AND/OR SS# AND/OR DATE OF BIRTH

EMPLOYEE NAME (New) LAST	EMPLOYEE NAME (New) FIRST	M.I.
SOCIAL SECURITY # (Corrected)	DATE OF BIRTH (Corrected)	

CHANGE OF ADDRESS, APARTMENT #, TELEPHONE #, EMERGENCY CONTACT INFORMATION

ADDRESS OF RESIDENCE (Cannot be a Post Office Box number)			APT. #	
CITY	STATE	ZIP CODE	CELL PHONE #	HOME PHONE #

DO YOU LIVE IN A NYCHA DEVELOPMENT? YES NO

IF YES, NAME OF DEVELOPMENT _____

DO YOU LIVE IN PRIVATE HOUSING SUBSIDIZED BY NYCHA'S SECTION 8 PROGRAM? YES NO

CHANGE/CORRECTION OF MAILING ADDRESS
MAILING ADDRESS (If different from residence, e.g., P.O. Box # or Care Of) You cannot use the address of a property owned or operated by NYCHA as a mailing address unless you are an authorized tenant of record or an authorized member of the household.

STREET ADDRESS			APT. #	
CITY	STATE	ZIP CODE		

CHANGE/CORRECTION OF EMERGENCY CONTACT

NAME OF EMERGENCY CONTACT		RELATIONSHIP
EMERGENCY CONTACT TELEPHONE # ()		EMERGENCY CONTACT ALTERNATE # ()

ADD THE NAME(S) OF RELATIVES AND/OR ANY PERSON RESIDING IN YOUR HOUSEHOLD WHO ALSO WORKS FOR NYCHA
 Relative includes spouse; (natural, foster or step) parent; child; brother or sister; father in-law or mother-in-law; domestic partner; parent or child of a domestic partner; domestic parent's relative residing in the household and/or any other person residing in an employee's household.

Relative's Name	Relationship	Work Location	Lives at your Legal Residence	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

UPDATE EDUCATIONAL ACHIEVEMENTS: Month/Year of last Achievement

High School Diploma/Equivalency
 Bachelor's Degree
 Master's Degree
 Juris Doctor
 Doctorate

Professional License/Certificate _____

Type	License No.	Exp. Date

I have reviewed and affirm that I have made all necessary changes. I understand that a false statement or intentional omission may result in disciplinary action.

 Employee's Signature

 Date

FOR HUMAN RESOURCES USE ONLY

I CERTIFY THAT SUPPORTING DOCUMENTATION IS ON FILE FOR THE ABOVE CHANGE(S) AND THAT THE NECESSARY DATA WAS ENTERED INTO NYCAPS.

Name (print and sign) _____ Date _____

