

WAITING LIST CHANGE / REQUEST FORM

APPLICANT INFO

APPLICATION #					
NAME					
CURRENT ADDRESS					
TELEPHONE #					
EMAIL					
PROGRAM (circle one)	FAMILY	SENIOR / DISABLED	HCV	MCK2	ACSB

1. CHANGE OF ADDRESS

OLD ADDRESS		
DOES THIS CHANGE YOUR LOCAL PREFERENCE? (CIRCLE ONE)	YES	NO
<i>Verification is required</i>		

2. ADDING NEW FAMILY MEMBER

NAME			
DATE OF BIRTH		SEX	
RELATIONSHIP TO HEAD			
DOCUMENTS REQUIRED	<i>Include Birth Certificate, Social Security Card and Green Card/Certificate of Naturalization (if not U.S. born)</i>		

3. STATUS REQUEST

ACKNOWLEDGEMENT	<p>I would like to request my status on the waiting list for the Housing Program(s) circled above. I understand that 1) this only confirms that I am active on the Waiting List(s) for the Program(s) that I applied for and 2) I cannot request my status again until my next annual update UNLESS there is a verified change in Income, Family Composition or Local Preference.</p>
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SIGNATURE _____

DATE _____