



Waiting List Change Form

Be sure to sign the back of this form.

Head of Household Name _____ Social Security Number _____

New Mailing Address _____

City _____ State _____ Zip Code _____

New Phone Number _____ New Message Phone Number _____

Family Member Changes

How many people are there in your household? _____

Is someone entering your household?

(List **new** members of your household here)

NEW PERSONS ONLY				Racial
First and Last Name	Sex	Social Security Number	Date of Birth	Origin

Is someone leaving your household? (Please list first and last names here)

1. _____
2. _____
3. _____
4. _____

Income Changes

Is there a change in the amount of income you have?

Old amount _____ New amount _____ What type of income is this? _____

Change of Head of Household

Please use this area to change the head of household. Only the current head of household may change this information.

Please change the head of household to _____.

Signature of Former Head of Household

Date

Preferences

Check all that apply to your household.

- I was required to move because of government action (City, State or Federal.)
- My living area was extensively damaged by a recognized Federal Disaster and I have not found adequate permanent housing since.
- There is an adult in my household who is working full time.
- There is an adult in my household who is attending school full time.
- There is an adult in my household who is in an employment training program.
- There is an adult in my household who is at least age 62.
- There is an adult in my household who has a disability.
- I currently live in Public Housing and:
 - we have outgrown our unit
 - our unit is too large for our family size.
 - we need a special unit because of a disability.
- I have lived at an SRO unit for at least six months. (You must be still living there.)
- I currently live in Wellington

I have completed and read this form. I verify that all of this information is true and accurate.

Head of Household Signature

Date