

# HOUSING AUTHORITY WAITING LIST CHANGE FORM

Please check the waiting list(s) you are on:

- ( ) Housing Choice Voucher (Section 8) Program
- ( ) Section 8 Moderate Rehabilitation Program (Carriage House Apts., 117 S. Market Street)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**CHANGE REQUESTED:**

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

**APPLICATION FAMILY CHANGE: I would like to ADD / REMOVE (circle one) the following people:**

Name	Relationship	Date of Birth	Sex M/F	Social Security Number	Income	Source of Income

**PREFERENCE CERTIFICATIONS** (Select only those for which you feel you are qualified):

- \_\_\_ 1. Head of Household or co-head is elderly (62 or older), handicapped or disabled
- \_\_\_ 2. I live or work within the Frederick City limits or within the Frederick County limits
- \_\_\_ 3. Head of Household or co-head is employed, working an average of 30 hours per week for at least 6 months.  
 Name of Employer: \_\_\_\_\_  
 Employer's address: \_\_\_\_\_  
 I work \_\_\_\_\_ hours per week
- \_\_\_ 4. Head of Household or co-head is actively participating in programs such as attending Community College full-time, or similar instruction program of professional or career development.  
 I am enrolled at: \_\_\_\_\_
- \_\_\_ 5. Head of Household or co-head is a veteran

**BY SIGNING THIS FORM, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date**