

HOUSING AUTHORITY WAITING LIST

CHANGE FORM

Please check the waiting list you are now on:

() Public Housing

NAME: _____ ADDRESS: _____

Last four SSN# _____

CHANGE REQUESTED:

Mailing Address Change:

FAMILY CHANGE: I would like to ADD/REMOVE (circle one) the following people on my application:

Name:	Relationship:	Date of	Social Security	Income:	Source of Income:

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

____ 1. Head of household and/or any co-head is:

- working at least 30 hours per week for 6 months prior to being housed.
- working an average of 20 hours per week for 6 months prior to being housed and actively participating in attending college or instructional program of professional or career development on at least a half-time basis for 2 consecutive semesters.

Name of Employer: _____

Address of Employer: _____

Start Date: _____ Number of hours worked per week: _____ Pay per hour: _____

- receiving unemployment payments after having been employed on a continuous basis for at least 1 year.

____ 2. Head of household and/or any co-head is age 62 or older or is receiving any payments based on the individual's inability to work.

____ 3. I am homeless (have a primary nighttime residence that is supervised publicly or privately operated shelter or transitional housing or currently reside in a hotel/motel in Frederick City or County for a minimum of thirty (30) days.)

____ 4. I am displaced by fire or natural disaster or by government action.

____ 5. I live or work within Frederick City or County.

____ 6. Head of Household or spouse is a disabled veteran.

____ 7. Other veterans or servicemen and their families.

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

Signature

Date