

HOUSING AUTHORITY WAITING LIST CHANGE FORM

HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM

NAME: _____ ADDRESS: _____
LAST FOUR SSN#: _____
PHONE NUMBER: _____

CHANGE(S) 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 employed 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: _____ -AND-
working an average of 20 hours per week for at least 6 months.
Name of Employer: _____
Employer's Address: _____
I work _____ hours per week
- 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