

# HOUSING AUTHORITY WAITING LIST CHANGE FORM

## SECTION 8 MODERATE REHABILITATION PROGRAM (CARRIAGE HOUSE APTS, 117 S MARKET ST)

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