

WAITING LIST NOTIFICATION OF CHANGE FORM



HOUSEHOLD INFORMATION	
Head of Household Name:	Social Security Number:
Home Phone Number:	Cell/Work Number:

CHANGE OF ADDRESS NOTIFICATION			
NEW ADDRESS	Street Address		
	City	State	ZIP
	Effective Date:		
PREVIOUS ADDRESS	Street Address		
	City	State	ZIP

FAMILY COMPOSITION CHANGES (CHECK ALL THAT APPLY)			
If more than one person is moving in or out of the unit, attach the information asked for below on a separate sheet of paper.			
<input type="checkbox"/> MOVING OUT	Household Member Name:		Move-Out Date:
	New Address:		
<input type="checkbox"/> BIRTH or ADOPTION	Child's Name:	Date of Birth:	Social Security Number:
<input type="checkbox"/> ADDITION OF OTHER MEMBER OF HOUSEHOLD	Name:	Date of Birth:	Social Security Number:
	Relationship to Head of Household:		Move-In Date:

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that providing false information is punishable under Federal and State law and is grounds for denial or termination of my housing assistance.

Applicant Signature: _____ Date: _____