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:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Date of Birth:</th>
<th>Social Security:</th>
<th>Income:</th>
<th>Source of Income:</th>
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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 IN TRUE AND CORRECT.

______________________________________________________________________________
Signature: ____________________________ Date: _____________________________

7/2019