

HOUSING AUTHORITY WAITING LIST CHANGE FORM

Please check the waiting list(s) you are on:

- Housing Choice Voucher (Section 8) Program
- Section 8 Moderate Rehabilitation Program (Carriage House Apts., 117 S. Market Street)

NAME: _____ ADDRESS: _____
 Last four SSN# _____

PHONE NUMBER: _____

CHANGE 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 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 twenty (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