

PUBLIC HOUSING WAITING LIST UPDATE

Date: _____

Name of Family Member: _____ Social Security # _____

Current Address: _____ Old Address: _____

Telephone Number _____

Employment Information

Current Job Name: _____ Old Job Name: _____

(Must provide 6 check stubs to add new income. If you are no longer working, must provide separation letter)

All other income Information (Monthly)

_____ AFDC/Food Stamps \$ _____

_____ Unemployment \$ _____

_____ Social Security \$ _____

_____ Child Support \$ _____

_____ Gifts/Contributions \$ _____ (from family/friends)

_____ Self Employment \$ _____

(You must provide proof of all reported income)

Addition/Removing Someone from Application

Name of person being Added/Removed: _____ SS# _____

Date of Birth: _____ Age: _____ Contact #: _____

Reason for Adding/Removing: _____

(You must provide Birth Certificate and Social Security Card to add someone to your Application)

CERTIFICATION SECTION

I/We hereby certify that all the above information given to this Housing Authority on my/our conditions is accurate to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We understand that false information is grounds for termination of eligibility for Public Housing and Public Housing Tenancy. I hereby authorize the release of the above requested information from:

Signature(s)

Date

Signature(s)

Date