



Waiting List Update Form

HEAD OF HOUSEHOLD NAME	Social Security Number

List all household members below:

1.	2.	3.
4.	5.	6.

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Current phone/Contact number(s): _____

Are you currently living in Substandard Housing or Homeless? YES No

Are you currently involuntary displaced or a victim of Natural Disaster? YES NO

Are you currently pay more than 50% of your income toward rent and utilities? YES NO

Has any household income changed? YES NO

**If yes, explain:* _____

Has anyone in the household recently become disabled? YES NO

**If yes, please provide a current printout/award letter from the Social Security office.*

Are you or anyone in your household a victim of Domestic Violence YES NO

**If yes, please contact a WMHA Staff member or you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).*

Adding or removing household member(s) from application.

**If you are adding new household members, please supply the Housing Authority with Birth Certificate and Social Security Card(s). A Declaration of Section 214 Status will also need to be filled out for or by the new household member.*

Head of Household Signature: _____ Date: ____/____/____