

WAIT LIST APPLICATION CHANGE FORM

YOU MUST FILL OUT EVERYTHING IN THIS BOX

APPLICANT'S NAME: _____

SOCIAL SECURITY #: _____ TELEPHONE #: _____ (THIS IS A NEW NUMBER)

DO YOU QUALIFY FOR REASONABLE ACCOMMODATION DUE TO A DISABILITY? YES NO

TOTAL NUMBER OF PEOPLE IN HOUSEHOLD: _____ # ADULTS + _____ # CHILDREN (UNDER 18) = _____ # TOTAL

I ATTEST THAT ALL THE INFORMATION I PROVIDE ON THIS FORM IS TRUE AND CORRECT:

APPLICANT SIGNATURE X _____ DATE: X _____

FILL OUT THIS BOX ONLY IF UPDATING MAILING ADDRESS

NEW ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FILL OUT THIS BOX ONLY IF CHANGING # OF PEOPLE LIVING IN HOUSEHOLD

I AM ADDING THE FOLLOWING HOUSEHOLD MEMBER(S):

NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY # _____ RELATIONSHIP TO YOU: _____

NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY # _____ RELATIONSHIP TO YOU: _____

I AM REMOVING THE FOLLOWING HOUSEHOLD MEMBER(S) WHO NO LONGER LIVE WITH ME:

NAME: _____ SS# _____ DOB _____

NAME: _____ SS# _____ DOB _____