

HOUSING CATALYST
Waiting List Change Form



***BE SURE TO SIGN REVERSE SIDE**

Current Information:

Name: _____ Social Security No.: XXX-XX-_____
Head of Household

▪ Did your last name change? Yes No If yes, please provide your former last name: _____

▪ Did your mailing address change? Yes No

Mailing Address: _____
Street or Box # Unit City State Zip Code

Contact Phone No.: _____ Message Phone No.: _____

Email Address (if applicable): _____

Please Remove Me from this Waiting List: _____

Family Member Changes:

▪ Is someone **entering** your household? Yes No

▪ How many people will occupy the household you have applied for? _____

*IF YES, list **member(s) you are adding:***

<u>Legal Name</u> First & Last	<u>Relationship</u> to Head of Household	<u>S e x</u>	<u>Date of Birth</u> MM / DD / YYYY	<u>SSN</u> Last 4 Social Security Number	<u>Race</u> <small>White Black Asian American Indian Pacific Islander</small>	<u>Ethnicity</u> Hispanic?	<u>Income</u> Yearly Amount	<u>Income Source</u> <small>(example: support, employment, assistance, etc.)</small>
		M F		xxx-xx-		Y N	\$	
		M F		xxx-xx-		Y N	\$	
		M F		xxx-xx-		Y N	\$	

▪ Is someone **leaving** your household? Yes No

If yes, please list First and Last Names here:

1. _____ 3. _____
 2. _____ 4. _____

Income Changes:

▪ Is there a change in your household's annual income? Yes No

If yes, please provide the following information:

New amount (yearly) \$ _____ What type of income is this? _____

Change of Head of Household: Only the current Head of Household may change this.

Do you want to change the Head of Household? Yes No

If yes, please provide the following information:

Please change the Head of Household to: _____

Signature of Former Head of Household _____ Date _____

To protect all parties, if former head of household does not appear in person showing photo ID and sign this form, we may be unable to make this requested change, as verification will be required to validate this request. A notarized statement from the former head of household expressing their consent of this change would be accepted.

Preferences:

Are there any changes in the Preferences previously chosen? Yes No

If **ADDING** preferences, please check all that **CURRENTLY APPLY** below:

- I was required to move because of government action, (City, State, or Federal).
(Verifying documentation required)
- My living area was extensively damaged by a recognized Federal Disaster and I have not found adequate, permanent housing since.
(Verifying documentation required)
- I currently live in Wellington, Colorado.
- I currently live Wellington Public Housing and:
 - our unit is too large for our family size.
 - we need a special unit due to a disability.
 - we have outgrown our unit.

If **REMOVING** preferences, please check the preferences that **NO LONGER APPLY** below:

- I currently live or work in Wellington, CO.
- I currently live Wellington Public Housing and:
 - our unit is too large for our family size.
 - we need a special unit due to a disability.
- I was required to move because of government action, (City, State, or Federal).
- My living area was extensively damaged by a recognized Federal Disaster and I have not found adequate, permanent housing since.

I have completed and read this form:

WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. I do hereby swear and attest that all the information above about my household is true and correct.

Signature of Head of Household _____ Date _____