



CHANGE FORM Must be filled out with black or blue ink.

This form is to make changes to your information on the Waiting List for:

Section 8

Public Housing

Date: _____ Time: _____

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Change of Address

New Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Change of Employment

New Employer: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Phone: _____

Date Employed: _____ Position: _____

Hourly Wage: \$ _____ Number of Hours Per Week: _____ How Often Paid: _____

Change of Employment Status:

No Longer Employed as of: _____ ex: mm/dd/yyyy

Change in Student Status

Full-Time Student Part-Time Student (GED Classes Not Applicable)

Where?: MCC TSTC Baylor Other _____

Change of Student Status:

No Longer a Full-Time Student as of: _____ ex: mm/dd/yyyy

Change in Other Sources of Income

Unemployment	\$	Pension	\$	Social Security	\$
TANF	\$	Child Support	\$	Veteran	\$
SSI	\$	Other	\$		

Change in Household Composition

1.
Last Name: _____ Relationship to Head of Household: _____

First Name: _____

Select at least one from **Race** and **Ethnicity**

Middle Initial: _____

Ethnicity: Hispanic Non-Hispanic

Social Security Number: _____

Race: White

Date of Birth: _____ ex. mm/dd/yyyy

Black/African American

American Indian/Alaska Native

Sex: Female Male

Asian

Native Hawaiian/Other Pacific Islander

Disabled: Yes No

Citizenship: Citizen Non-Citizen

Monthly Income:

Employment	\$	Unemployment	\$	Pension	\$
Social Security	\$	TANF	\$	Child Support	\$
Veteran	\$	SSI	\$	Other	\$

2.
Last Name: _____ Relationship to Head of Household: _____

First Name: _____

Select at least one from **Race** and **Ethnicity**

Middle Initial: _____

Ethnicity: Hispanic Non-Hispanic

Social Security Number: _____

Race: White

Date of Birth: _____ ex. mm/dd/yyyy

Black/African American

American Indian/Alaska Native

Sex: Female Male

Asian

Native Hawaiian/Other Pacific Islander

Disabled: Yes No

Citizenship: Citizen Non-Citizen

Monthly Income:

Employment	\$	Unemployment	\$	Pension	\$
Social Security	\$	TANF	\$	Child Support	\$
Veteran	\$	SSI	\$	Other	\$

Remove the following from Household:

1.

Last Name: _____

Social Security Number: _____

First Name: _____

Date of Birth: _____ ex. mm/dd/yyyy

Middle initial: _____

Relationship to Head of Household: _____

2.

Last Name: _____

Social Security Number: _____

First Name: _____

Date of Birth: _____ ex. mm/dd/yyyy

Middle initial: _____

Relationship to Head of Household: _____

Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select the appropriate responses for each question below.

- | YES | NO | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a veteran with an honorable discharge from the armed services? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently employed? How many hours a week do you work? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the head of household or spouse 62 years of age or older? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently a full time student taking 12 hours or more, or able to provide verifiable justification for less than 12 hours? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a victim of domestic violence? Must be certified by the Family Abuse Center in the last 12 months. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you resided in Public Housing for at least one (1) year & participated in the Family Self Sufficiency program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the head of household disabled or handicapped? |
| <input type="checkbox"/> | <input type="checkbox"/> | Extended Homelessness/Substandard Housing. This preference must be certified in writing by a caseworker within the HOT Homeless Coalition or the assigned McLennan County school district liaison for the Homeless as being homeless. The caseworker must certify that the applicant(s) meet the HUD or McKinney-Vento definition of homeless, are a minimum of 18 years of age and have been homeless for at least thirty (30) days at time of application. The applicant will be required to pass all other WHA screening criteria before being eligible for assistance. WHA will verify with the caseworker that they are working with you until such time you are no longer deemed as homeless. |

By submitting this form, I certify that the information provided is true and complete to the best of my knowledge and belief. Warning! Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly making false statements or misrepresentation to any department or agency of the United States.

Signature of Head of Household

UPDATED BY:	DATE:
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