

WAITLIST UPDATE FORM vs 2.2

1. Put one letter in each box. 2. Fill in circles. Do not email or fax!

4. The adult completing this application is considered the **Head of Household**. Race/ethnicity/displacement questions are optional.

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY: write in the row below

HEAD OF HOUSEHOLD'S (HoH) COMPLETE MIDDLE NAME: write in the row below

HEAD OF HOUSEHOLD'S (HoH) LAST NAME (EX: BAEZ GONZALEZ): write in the row below

SUFFIX

Does the HoH have a Social Security Number or ITIN? ☒ = X ☐ Yes ☐ No If "Yes" you must provide the full number!

HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER or ITIN:

HEAD OF HOUSEHOLD'S DATE OF BIRTH

GENDER

First 3 Numbers

-

Next 2 Numbers

-

Last 4 Numbers

Leave Blank

Month

Day

Year

(F, M, T)

ETHNICITY: ☒ = X

RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial)

☐ Hispanic

☐ non-Hispanic

REQUESTED ACCOMMODATIONS: Do you need any of these? ☒ = X ☐ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit

☐ Bathroom modifications

☐ Vision Impaired Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Hearing Impaired Unit

☐ Domestic Violence Victim

☐ First-Floor unit only

☐ Unit designed for Environmental Allergies

☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed

☐ Unemployed

☐ Retired

☐ FT Student

☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

☐ I do not have mobile rental assistance

☐ Mobile Section 8 voucher

☐ MRVP

☐ AHVP

☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household:

Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No

Other HH Members:

Any Felony Convictions?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No

Is anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No Explain if yes: _____

ANY PETS:

☐ Yes

☐ No

Describe: _____

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults

← # Children

← Total # in Household

\$

.00

☐ Yes

☐ No

CURRENT HOUSING STATUS:

☐ Homeless

☐ Housing Loss 14 days

☐ Fleeing Dom. Violence

☐ At risk of homelessness

☐ Stably Housed

HAVE YOU BEEN DISPLACED BY:

☐ Accessibility or health issues

☐ Addiction Behaviors

☐ Cost of living

☐ Pandemic

☐ Fire, flood, earthquake

☐ Domestic Violence or Sexual Assault

☐ Urban development, eminent domain

☐ Condemnation of home, code violations

☐ Threat to Life or Safety

BEST TELEPHONE NUMBER TO USE: one number in each box

Leave Blank

SECOND TELEPHONE (if you have one):

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live ☐ a "care of" address Put one letter in each box. Leave a box blank between words.

City, State, and Zip Code: Put one letter in each box. Leave one blank box between words.

SECOND BEST MAILING ADDRESS (include apt #):

☐ same as above

☐ where I currently live

☐ a "care of" address

City, State, and Zip Code:

PRIORITIES and PREFERENCES - ☒ = X some programs may allow you to claim these

BEDROOMS NEEDED →

☐ Disability

☐ Elder

☐ Local Resident

☐ Local Employee

☐ Local Student

☐ Homeless Veteran

☐ Rent-burdened 40%

☐ Rent-burdened 50%

☐ Fleeing domestic violence

☐ HUD VAWA Certificate

☐ Victim of Hate Crime

☐ Community Based Housing

Displaced by: ☐ Urban Renewal

☐ Sanitation Code

☐ Natural Forces

☐ Other:



Signature of Head of Household: _____

Date (mm/dd/yyyy): ____/____/____