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| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **HEAD OF HOUSEHOLD’S (HoH) COMPLETE MIDDLE NAME: write in the row below** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **HEAD OF HOUSEHOLD’S (HoH) LAST NAME** (EX: BAEZ GONZALEZ): **write in the row below** | | | | | | | | | | | | | | | | | | | | | | | | | **SUFFIX** | |
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| **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:** | | | | | | | | | | | Leave Blank | | **HEAD OF HOUSEHOLD’s DATE OF BIRTH** | | | | | | | |  | **GENDER** | | | | | |
| **First 3 Numbers** | | | **-** | **Next 2 Numbers** | | **-** | **Last 4 Numbers** | | | | **Month** | | **Day** | | **Year** | | | | | **(F, M, T)** | | | | |
|  |  |  | **-** |  |  | **-** |  |  |  |  |  |  |  |  |  |  |  |  | |  | | | | |
| **ETHNICITY:**  = **X** | | | | | | | | | **RACE:** (Asian , Black, White, Native American, Pacific Islander, Multi-racial) | | | | | | | | | | | | | | | | | |
| * Hispanic  non-Hispanic | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |

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| **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 | | | | | | | | | | |

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| **BEST TELEPHONE NUMBER TO USE: one number in each box** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Leave Blank | | **SECOND TELEPHONE (if you have one):** | | | | | | | | | | | | | | | | |
|  | |  |  | | **-** | |  | | |  | | |  | | | **-** | |  | |  | |  | |  | | Ext: \_\_\_\_\_ | | | | |  | |  | |  | | **-** | |  |  |  | **-** |  |  |  |  | |
| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **City, State, and Zip Code:** Put one letter in each box. Leave one blank box between words. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SECOND BEST MAILING ADDRESS** (include apt #): same as above  where I currently live  a "care of" address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| City, State, and Zip Code: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | |  | | | **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | **Signature of Head of Household:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date (mm/dd/yyyy):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |