



WAITING LIST CHANGE FORM

NAME OF PRIMARY APPLICANT (HEAD OF HOUSEHOLD): _____

SSN: _____ - _____ - _____

Date of Birth (mm-dd-yyyy): _____

CHANGE OF ADDRESS

Current Mailing Address: _____ City: _____ Zip Code: _____

New Mailing Address: _____ City: _____ Zip Code: _____

If you are homeless please tell us what CITY you are currently staying in: _____

Telephone Number: Home: () - Work: () - Cell: () -

U.S VETERAN STATUS – Honorable discharge [] YES [] NO Email: _____

CHANGE OF EMPLOYMENT: [] HOH [] SPOUSE/CO-HEAD

City of Employment: _____

Approximate number of hours worked a week: _____

CHANGE OF DISABILITY: [] HOH [] SPOUSE/CO-HEAD

[] Disabled [] Not Disabled

CHANGE OF FAMILY COMPOSITION: [] ADDITION [] REMOVAL

Name: _____ SSN: _____ Age: _____ [] Male [] Female

Name: _____ SSN: _____ Age: _____ [] Male [] Female

Other: _____

WARNING: It is against the law to "knowingly and willfully" make and "materially false, fictitious, or fraudulent statements or representation" to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more than 5 years. (18 U.S.C. §1001)

I declare, under penalty of perjury under the laws of the United States of America and the State of California, that the information above is true, correct and complete.

Head of Household Signature

Date