

FORT COLLINS HOUSING AUTHORITY
Waitlist Change Form



*BE SURE TO SIGN REVERSE SIDE

Current Information:

Name: _____ Social Security No.: _____
Head of Household

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

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

Email Address (if applicable): _____

Family Member Changes:

How many people will be part of the household you have applied for? _____

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

If yes, list ALL members of the household you've applied for here:

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

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

If yes, please list First and Last names here:

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

Income Changes:

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

If yes, please provide the following information:

Old amount (yearly) \$ _____
 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

Preferences:

Is there a change 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).
- My living area was extensively damaged by a recognized Federal Disaster and I have not found adequate, permanent housing since.
- An adult in my household is currently working full-time.
- An adult in my household is currently attending school full-time.
- An adult in my household is currently in an employment training program.
- Head of Household or Spouse is at least age 62.
- Head of Household or Spouse has a disability.
- I currently live in Wellington, Colorado.
- I currently live in Fort Collins Public Housing or Wellington Public Housing and:
 - we have outgrown our unit.
 - our unit is too large for our family size.
 - we need a special unit due to a disability.
- I have lived at an SRO unit for at least six months and I am still living there.
- I am a resident of an SRO that is closing.
- I am a victim of domestic violence, receiving supportive services from Crossroads Safehouse. *(Verifying documentation required at application.)*
- I am in the Project Self-Sufficiency program. *(Verifying documentation required at application.)*

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

- 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.
- An adult in my household is currently working full-time.
- An adult in my household is currently attending school full-time.
- An adult in my household is currently in an employment training program.
- Head of Household or Spouse is at least age 62.
- Head of Household or Spouse has a disability.
- I currently live in Wellington, Colorado.
- I currently live in Fort Collins Public Housing or Wellington Public Housing and:
 - we have outgrown our unit.
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 - we need a special unit due to a disability.
- I have lived at an SRO unit for at least six months and I am still living there.
- I am a resident of an SRO that is closing.
- I am a victim of domestic violence, receiving supportive services from Crossroads Safehouse. *(Verifying documentation required at application.)*
- I am in the Project Self-Sufficiency program. *(Verifying documentation required at application.)*

I have completed and read this form:

I verify that all information is true and accurate.

Signature of Head of Household

Date