Housing Choice Voucher Department 3520 Page Blvd. • St. Louis, MO 63106 • p 314.286.4349 • f 314.289.7349 • tdd 314.286.4223 • www.slha.org

## WAITING LIST – CHANGE OF INFORMATION FORM

	□ ADDRESS CHANGE	□ ADD FAMILY MEMBER	□ REMOVE FAMILY MEMBER	
Date:		Social Security No.:		
Name:				
	LAST	FIRST	MI	
Date of Birth:		Telephone No.:		
New Address:			_Zip Code:	
Old Address:			Zip Code:	

## LIST ONLY THOSE PERSONS YOU ARE ADDING OR REMOVING FROM YOUR ORIGINAL APPLICATION.

	ADULT (LAST, FIRST)	DATE OF BIRTH	SEX	RACE	RELATION	SOCIAL SECURITY #	MARITAL STATUS	CHANGE
1.								
2.								
	CHILDREN	DATE OF					MARITAL	
	(LAST, FIRST)	BIRTH	SEX	RACE	RELATION	SOCIAL SECURITY #	STATUS	CHANGE
1.	(LAST, FIRST)	BIRTH	SEX	RACE	RELATION	SOCIAL SECURITY #	STATUS	CHANGE
1. 2.	(LAST, FIRST)	BIRTH	SEX	RACE	RELATION	SOCIAL SECURITY #	STATUS	
-	(LAST, FIRST)	BIRTH	SEX	RACE	RELATION	SOCIAL SECURITY #	STATUS	

- ► Is household living in substandard housing or homeless shelter? □ Yes □ No
- ► Is any person listed above at risk of becoming homeless (not evicted)? □ Yes □ No
- ► Is any person listed above disabled? □ Yes □ No
- ► Are you a victim of domestic violence? □ Yes □ No
- ► Is any person listed above non-elderly with disabilities transitioning out of an institution, segregated setting or at serious risk of being institutionalized? □ Yes □ No

\*Must provide current documentation of above preference (no more than 60 days old) from the date this form is submitted. List all money earned by everyone who will live with you. This includes money from Wages, Self-Employment, Child Support, Social Security, Disability Payments, Workman's Compensation, Retirement Benefits, TANF, Veterans, Dividends, and all other sources.

## MONTHLY INCOME (List each person's monthly income amount that will live with you):

	HOUSHOLD MEMBERS (LAST, FIRST)	TANF	SS/SSI	EMPLOYER/ WAGES	UNEMPLOYMENT	OTHER INCOME/ SOURCE	CHANGE
1.							
2.							