



PALM BEACH COUNTY HOUSING AUTHORITY

WAITING LIST UPDATE FORM

Dear Applicant:

The following information is needed **ONLY** if there has been a change in your address, family composition, income, current housing or living arrangements and preference designation. If you are active on a PBCHA waiting list, it is your responsibility to report all changes from your application to the Housing Authority, in writing, within **ten (10) days** of the date the change has occurred according to Palm Beach County Housing Authority Policies. Failure to do so could result in the withdrawal or denial of your application and removal from the waiting list(s).

PLEASE PRINT and complete entire form (front & back).

Applicant's Name: _____ Previous Name: _____
SSN: _____ DOB: _____
Current Address: _____

Phone Number(s): Home No: _____ Work No: _____ Other/Message No: _____

Waiting List: (please select all that apply) ___ HCV ___ Project Based ___ Public Housing

Check the box that applies to your Change:

My **mailing address** has changed. My New mailing address is:

Previous Address:

My **family composition** has changed. My new family composition is as follows:

Name	MI	Relationship	Sex	Age	SSN	DOB

Please Note: *If you are removing a family member from your household, please indicate the reason why:*



PALM BEACH COUNTY HOUSING AUTHORITY

My family income has changed. My new family income is as follows:

Employment

New Employer: _____ Phone No: _____ Hire Date: _____

Address: _____

Position Title: _____ Rate of pay: \$ _____ (Hourly)

Hours per week: _____ I get paid: Weekly Bi-Weekly Monthly

Former Employer: _____ Phone No: _____

Address: _____

Position Title: _____ Hire Date: _____ Last date of work: _____

Reason for leaving employment: _____

Other changes in family income (explain): _____

WARNING:

Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

I certify that the above information is correct and I understand that any misrepresentation will be grounds for denial to the Section 8 Housing Voucher Program or Public Housing Program.

Applicant's Signature Date

TO BE COMPELTED BY PBCHA STAFF

Applicant Name	Date Received	PBCHA Staff	Date Processed

PLACE PHOTO IDENTIFICATION HERE:

