



A Community Partner,
Helping People to Help Themselves

Walla Walla Housing Authority

501 Cayuse Street
Walla Walla WA 99362
509-527-4542 * Fax 509-527-4574
Hearing-impaired, use statewide relay service 1-800-833-6384
www.wallawallaha.org * wwha@wallawallaha.org



WAITING LIST INFORMATION CHANGE FORM

If anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the Walla Walla Housing Authority.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK

Head of Household:	FOR WWHA USE ONLY	
	Date:	Active Waiting Lists Updated:
Social Security Number:	<input type="checkbox"/> HCV	<input type="checkbox"/> Linden
	<input type="checkbox"/> LRPB	<input type="checkbox"/> Marjorie
	<input type="checkbox"/> Belmont	<input type="checkbox"/> Rosehaven
	<input type="checkbox"/> Creekside	<input type="checkbox"/> Washington
	<input type="checkbox"/> Foothill	<input type="checkbox"/> TBRA
	<input type="checkbox"/> Galbraith	<input type="checkbox"/> VASH
	<input type="checkbox"/> The Lariat	

TYPE OF CHANGE – CHECK “√” ALL that apply:

Name
 Address
 Telephone Email
 Household Members
 Annual Income
 Preferences Selection Criteria

COMPLETE ONLY THE INFORMATION TO BE CHANGED

NAME

Old Name: _____ New Name: _____

ADDRESS

Current Mailing Address: _____

City / State / Zip Code: _____

TELEPHONE / EMAIL ADDRESS

Home/Cell: _____ Message: _____ Email: _____

HOUSEHOLD MEMBERS (circle either “ADD*” or “DELETE”)

**When adding an ADULT household member, they must complete the Debts Owed to Public Housing Agencies and Terminations form.*

	Name	Gender	Birth Date	Social Security Number
ADD* / DELETE				
ADD* / DELETE				

HOUSEHOLD ANNUAL INCOME

Current household annual income is: _____

PREFERENCES

Walla Walla Housing Authority has established the following "Preferences" regarding selection criteria of families from the Housing Choice Voucher and/or Low-Rent Public Housing waiting lists. CHECK "✓" all the characteristics that apply to any adult* family member. At the time you are contacted for an eligibility interview, you will be required to provide supporting documentation to prove your eligibility for the preference(s) you declared.

<input type="checkbox"/> Attending School <i>Full-time student</i>	<input type="checkbox"/> Transitional Housing Program Graduate <i>Successful graduate of a recognized transitional housing program operated in Walla Walla; i.e. DSHS, BMAC, Valley Residential Services, etc.</i>
<input type="checkbox"/> Employed <i>Minimum of 20 hours per week</i>	
<input type="checkbox"/> Job Training Program Participant <i>Federal, State or local program</i>	<input type="checkbox"/> Victim of Domestic Violence <i>Actively participating in a domestic violence program at the Walla Walla YWCA</i>
<input type="checkbox"/> Elderly <i>Aged 62 years or older</i>	<input type="checkbox"/> Disabled* <i>applies to any family member</i> <i>Verified by authorized medical professional or the Social Security Administration</i>
<input type="checkbox"/> I currently do not have a preference.	

SET-ASIDE RESIDENT SELECTION CRITERIA

The following resident selection criteria applies to Belmont Apartments, Creekside Cottages, Marjorie Terrace and/or Rosehaven Cottages, and is intended as a guideline only and, depending upon individual circumstances, certain criteria may be evaluated separately or preference given, by the owner or its agents, pursuant to the Washington State landlord/Tenant Law, the Fair Housing Act, and the Civil Rights Act.

Please CHECK "✓" all the characteristics that apply to any listed adult family member, in connection with the waiting list(s) you are actively on. At the time you are contacted for an eligibility interview, you will be required to provide supporting documentation to prove selection(s) you have declared.

Belmont Apartments	Creekside Cottages	Marjorie Terrace	Rosehaven Cottages
<input type="checkbox"/> Chronically Mentally Ill/ Developmentally Disabled	<input type="checkbox"/> Disabled	<input type="checkbox"/> Disabled	<input type="checkbox"/> Disabled <input type="checkbox"/> Homeless

PRIVACY ACT NOTICE

Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide.

This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

SIGNATURE

WARNING: Title 18, Section 1001, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation and/or may be grounds for denial of assistance.

I certify that the information provided is true and complete to the best of my knowledge.

Head of Household Signature

Date