



A Community Partner,  
Helping People to Help Themselves

# Walla Walla Housing Authority

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Walla Walla WA 99362  
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Hearing-impaired, use statewide relay service 1-800-833-6384  
www.wallawallaha.org \* wwha@wallawallaha.org



## WAITING LIST INFORMATION CHANGE FORM

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK			
<b>Head of Household Name:</b>	<b>FOR WWA USE ONLY</b>		
<b>Social Security Number:</b>	Active Lists:		
	[ ] TBRA	[ ] Belmont	[ ] Marjorie
	[ ] HCV	[ ] Creekside	[ ] Rosehaven
	[ ] LRPB	[ ] Galbraith	[ ] Washington
CHANGE OF INFORMATION MAY AFFECT YOUR STATUS ON THE WAITING LIST		Date Entered:	Staff Initials:

**Type of Change – CHECK “√” ALL that apply:**

<input type="checkbox"/>	Name	<input type="checkbox"/>	Address	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Household Members	<input type="checkbox"/>	Income	<input type="checkbox"/>	Preferences/ Selection Criteria
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**COMPLETE ONLY THE INFORMATION TO BE CHANGED**

**Old Name:** \_\_\_\_\_ **New Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
(Street / Mailing, including Apartment, PO Box, City / State / Zip Code)

**New Telephone:** \_\_\_\_\_ **Message Telephone:** \_\_\_\_\_

**HOUSEHOLD MEMBERS (CIRCLE either “Add” or “Delete”):**

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

**INCOME - list the CHANGED household member's income, amount, frequency, and source, one per line.):**

Household Member	Amount of Income	Frequency (week/month)	Source of Income (Employment, Social Security/SSI, TANF, etc.)

**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 <b>Graduate</b> <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	<input type="checkbox"/> Victim of Domestic Violence <i>Actively participating in a domestic violence program through YWCA</i>
<input type="checkbox"/> Elderly <i>Aged 62 years or older</i>	<input type="checkbox"/> Disabled* <i>applies to <u>any</u> 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

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

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

Head of Household Signature

Date