

## Wait List Change Form

P	LEASE PRINT CLEARLY U	SING BLUE O	R BLACK IN	K
Head of Household Na	me:	FOR WWHA USE Date:  [ ] HCV [ ] P B V _ Emerald [ ] P B V _ Belmon	Active Waiting List  [ ] Creekside  1 [ ] Evergreen  1 [ ] Galbraith	[ ] Marjorie Terrace [ ] Valle Lindo [ ] Washington
Social Security Numbe	r:	[ ] PBV_Marjorie [ ] PBV_Rosehaven	[ ] Lariat Garden	IS .
Date of Birth:/_	/			
	CHECK "√" ALL that apply:  [ ] Telephone/Email [ ] Household	Members[ ] Annu		Preference Selection Criteria
	PLETE <u>ONLY</u> THE INFO	RMATION TO	BE CHAN	GED
NAME				
Old Name:		New Name:		
ADDRESS				
Physical Address::				
City / State / Zip Code	o:			
Mailing Address if Diffe	erent			
TELEPHONE / EMAI	L ADDRESS			
Home/Cell:	Message:		Email:	
	IBERS (circle either "ADD*" or 'd members must complete the Debts		using Agencies	and Terminations form
AM ADOLT Household	First and Last Name	Gender	Date of Birth	Social Security Number
ADD* / DELETE				
ADD* / DELETE				
HOUSEHOLD ANNU	JAL INCOME			
Current household annu	al income is:			

If you or 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 housing authority.



## PREFERENCES – Housing Choice Voucher/Project Based Voucher-Emerald Family Properties Walla Walla Housing Authority has established the following "Preferences" regarding selection criteria of families from the Housing Choice Voucher and Project Based Voucher-Emerald waiting lists. CHECK "\sqrt{"}" all the characteristics that apply to the head or co-head. 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. Do you live in Walla Walla County or Columbia County Yes [ ] No [ ] Do you work in Walla Walla County or Columbia County Yes [ ] No [ ] SET-ASIDE SELECTION CRITERIA – Emerald Family Properties wait list A certain number of units have been set aside for households with a member who falls within the following definition; "SPECIAL NEEDS" means an individual(s) with any of the following: mental or physical impairment, recovering from physical abuse, recovering from substance abuse, persons with HIV/AIDS, or elderly. Do you or a household member fall within this definition? [ ] YES [ ] NO ACCESSIBLE UNIT: Does your household require an accessible unit? [ ] YES [ ] NO My household currently includes an animal: [ ] YES, Describe [ ] NO SET-ASIDE RESIDENT SELECTION CRITERIA – Affordable Housing wait lists 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 " $\sqrt{}$ " all the characteristics that apply to any listed <u>adult</u> 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. Creekside Cottages **Belmont Apartments Marjorie Terrace Rosehaven Cottages** Developmentally Disabled [ ] Disabled [ ] Disabled [ ] Disabled [ ] 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 (42U.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.