

FORT COLLINS HOUSING AUTHORITY
Waiting List Change Form



*BE SURE TO SIGN REVERSE SIDE

Current Information:

Name: _____ Social Security No.: _____
Head of Household

▪ Did your last name change? Yes No If yes, please provide your former last name: _____

Mailing Address: _____
Street or Box # Unit City State Zip Code

Contact Phone No.: _____ Message Phone No.: _____

Email Address (if applicable): _____

Please Remove Me from this Waiting List: _____

Family Member Changes:

▪ Is someone **entering** your household? Yes No

▪ How many people will occupy the household you have applied for? _____

IF YES, list member(s) you are adding:

<u>Legal Name</u> First & Last	<u>Relationship</u> to Head of Household	<u>S e x</u>	<u>Date of Birth</u> MM / DD / YYYY	<u>SSN</u> Social Security Number	<u>Race</u> <small>White Black Asian American Indian Pacific Islander</small>	<u>Ethnicity</u> Hispanic?	<u>Income</u> Yearly Amount	<u>Income Source</u> <small>(example: support, employment, assistance, etc.)</small>
		M F				Y N	\$	
		M F				Y N	\$	
		M F				Y N	\$	
		M F				Y N	\$	

▪ Is someone **leaving** your household? Yes No

If yes, please list First and Last Names here:

1. _____ 3. _____
 2. _____ 4. _____

Income Changes:

▪ Is there a change in your household's annual income? Yes No

If yes, please provide the following information:

New amount (yearly) \$ _____ What type of income is this? _____

Change of Head of Household: Only the current Head of Household may change this.

- Do you want to change the Head of Household? Yes No

If yes, please provide the following information:

Please change the Head of Household to: _____

Signature of Former Head of Household

Date

Preferences:

- Are there any changes in the Preferences previously chosen? Yes No

If **ADDING** preferences, please check all that **CURRENTLY APPLY** below:

- | | |
|---|--|
| <input type="checkbox"/> I was required to move because of government action, (City, State, or Federal).
<i>(Verifying documentation required)</i> | <input type="checkbox"/> I am a current participant in the Youth Family Unification program through the Fort Collins Housing Authority. |
| <input type="checkbox"/> My living area was extensively damaged by a recognized Federal Disaster and I have not found adequate, permanent housing since.
<i>(Verifying documentation required)</i> | <input type="checkbox"/> I currently live in Wellington, Colorado. |
| <input type="checkbox"/> I have lived at an SRO unit for at least 12 continuous months and I am still living there. | <input type="checkbox"/> I currently live in Fort Collins Public Housing or Wellington Public Housing and: <ul style="list-style-type: none">○ our unit is too large for our family size.○ we need a special unit due to a disability.○ we have outgrown our unit. |

If **REMOVING** preferences, please check the preferences that **NO LONGER APPLY** below:

**Historical Preferences are italicized indicating the preference is no longer available.*

- | | |
|---|--|
| <input type="checkbox"/> I currently live or work in Wellington, CO. | <input type="checkbox"/> My living area was extensively damaged by a recognized Federal Disaster and I have not found adequate, permanent housing since. |
| <input type="checkbox"/> I currently live in Fort Collins Public Housing or Wellington Public Housing and: <ul style="list-style-type: none">○ our unit is too large for our family size.○ we need a special unit due to a disability. | <input type="checkbox"/> I am a current participant in the Youth Family Unification Program through the Fort Collins Housing Authority. |
| <input type="checkbox"/> I have lived at an SRO unit for at least 12 continuous months and I am still living there. | <input type="checkbox"/> <i>An adult in my household is currently working full-time.</i> |
| <input type="checkbox"/> I am a victim of domestic violence, receiving supportive services from Crossroads Safehouse. | <input type="checkbox"/> <i>An adult in my household is currently attending school full-time.</i> |
| <input type="checkbox"/> I am in the Project Self-Sufficiency program. | <input type="checkbox"/> <i>An adult in my household is currently in an employment training program.</i> |
| <input type="checkbox"/> I was required to move because of government action, (City, State, or Federal). | <input type="checkbox"/> <i>Head of Household or Spouse is at least age 62.</i> |
| | <input type="checkbox"/> <i>Head of Household or Spouse has a disability.</i> |

I have completed and read this form:

I verify that all information is true and accurate.

Signature of Head of Household

Date