HOUSING CATALYST
Waitlist Change Form

*BE SURE TO <u>SIGN</u> 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 Waitlist: _____

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:

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

To protect all parties, if former head of household does not appear in person showing photo ID and sign this form we may be unable to make this requested change, as verification will be required to validate this request. A notarized statement from the former head of household expressing their consent of this change would be accepted.

Preferences:

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

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

❑ I was required to move because of government action, (City, State, or Federal).
   (Verifying documentation required)
❑ My living area was extensively damaged by a recognized Federal Disaster and I have not found adequate, permanent housing since.
   (Verifying documentation required)
❑ I have lived at an SRO unit for at least 12 continuous months and I am still living there.

❑ I am a current participant in the Youth Family Unification program through the Housing Catalyst.
❑ I currently live in Wellington, Colorado.
❑ I currently live in Fort Collins Public Housing or Wellington Public Housing and:
   o   our unit is too large for our family size.
   o   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.*

❑ I currently live or work in Wellington, CO.
❑ I currently live in Fort Collins Public Housing or Wellington Public Housing and:
   o   our unit is too large for our family size.
   o   we need a special unit due to a disability.
❑ I have lived at an SRO unit for at least 12 continuous months and I am still living there.
❑ I am a victim of domestic violence, receiving supportive services from Crossroads Safehouse.
❑ I am in the Project Self-Sufficiency program.
❑ I was required to move because of government action, (City, State, or Federal).

❑ My living area was extensively damaged by a recognized Federal Disaster and I have not found adequate, permanent housing since.
❑ I am a current participant in the Youth Family Unification Program through the Fort Collins Housing Authority.
❑ *An adult in my household is currently working full-time.*
❑ *An adult in my household is currently attending school full-time.*
❑ *An adult in my household is currently in an employment training program.*
❑ *Head of Household or Spouse is at least age 62.*
❑ *Head of Household or Spouse has a disability.*

I have completed and read this form:

WARNING! Title 18, Section 1001 of the United States 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 United States. I do hereby swear and attest that all the information above about my household is true and correct.

_____   _____
Signature of Head of Household   Date

Updated 01.31.18