



# Waiting List Applicant Change Report Form

<b>This Box for Administration Use Only</b> Date Entered _____ _____
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Please allow 2-4 weeks for changes to be made. All changes will show up on the next month's waiting list report, after the 1<sup>st</sup> of the month.

Name \_\_\_\_\_ Date \_\_\_\_\_

Last Four Digits of Social Security Number \_\_\_\_\_ Date of birth \_\_\_\_\_

Phone \_\_\_\_\_

**Please provide proof of living in Glendale (Lease Agreement, Major Utility Bill)**

**Address Change**    NO                       YES   write new address below:

\_\_\_\_\_

\_\_\_\_\_

**Change in Work History - Must be currently employed at time of eligibility in order to receive points for this preference. Glendale residents who are currently employed receive points based on how long they have worked. If the head of household or spouse is elderly or disabled, you are not required to be working**

Is the Head of Household or Spouse currently working   \_\_\_\_\_ YES   \_\_\_\_\_ NO

Has the Head of Household or Spouse worked consecutively for the last 6 months for a minimum of 20 hours per week and received at least minimum wage   \_\_\_\_\_ YES   \_\_\_\_\_ NO

(This is a requirement to receive assistance, unless Head of Household or Spouse is elderly, handicapped/disabled.)

**Add / Remove Family Member: Federal Regulations require that any new family member added to the household over the age of sixteen must be screened for criminal history. They could also be fingerprinted.**

FAMILY MEMBER NAME	BIRTH DATE	SOCIAL SECURITY #	RELATION TO HEAD OF HOUSEHOLD	AGE	SEX	ADD	REMOVE

**Change in Status**                      Head of Household or Spouse:

Head of Household or Spouse age 62 or older \_\_\_\_\_

Head of Household or Spouse who is disabled \_\_\_\_\_

Head of Household or Spouse who is handicapped \_\_\_\_\_

If Handicapped / Disabled, does family member require apartment for Hearing Impaired   \_\_\_\_\_ YES   \_\_\_\_\_ NO

Sight Impaired   \_\_\_\_\_ YES   \_\_\_\_\_ NO, Wheel Chair Accessable unit   \_\_\_\_\_ YES   \_\_\_\_\_ NO

Please identify any special housing needs your household requires. \_\_\_\_\_

(OVER)

Is the **Head of Household or Spouse** working within the city limits of Glendale:  Yes  No

If yes, company name and address \_\_\_\_\_ (must provide proof, i.e. paycheck stub showing Glendale address).

Address in Glendale where you work if different from company address \_\_\_\_\_

Glendale Housing allows a preference for victims of domestic violence and displaced homemakers.

IF you claim a preference for either of these reasons, at eligibility you must provide documentation of your status.

HD requires referral from a domestic violence shelter/transition program, in which the applicant has completed or is nearing completion of self-sufficiency preparedness, and is employed or is anticipating employment.

The family must meet all applicable program eligibility requirements.

**Victim of domestic Violence**

Are you in a domestic violence shelter/transition program and participating in a self-sufficiency program?

YES  NO

If yes, and the shelter is not in Glendale, were you living in Glendale prior to going to the shelter?

YES  NO

Prior Glendale address - \_\_\_\_\_

\*\*\* (At eligibility, you must provide a referral letter from a domestic violence shelter/transition program attesting to your participation and to your completion or nearing completion of a self-sufficiency program.)

**Displaced Homemaker (Widowed or divorced, never worked during marriage)**

Are you widowed or divorced  YES  NO

If yes, did you work during your marriage  YES  NO

Are you participating in a counseling/assistance program to achieve self-sufficiency program?  YES  NO

\*\*\* (If unemployed at time of eligibility, must provide a letter from a counseling/assistance program for displaced homemakers attesting to status, and detailing what is being done to obtain employment.)

**Head of household is Active Duty Military Personnel** \_\_\_\_\_

**WARNING!** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction. This is grounds for ineligibility for housing assistance.

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN THIS CHANGE REPORT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

If you are a disabled or elderly person and you need to request a reasonable accommodation in order to access this program, please call 623-930-2180. Voice phone is available at AZ Relay TTY 1-800-367-8939.

Asistencia en español: Para que le interpreten la solicitud en español, por favor llame al 623 930-2180.

