



PALM BEACH COUNTY HOUSING AUTHORITY

WAITING LIST UPDATE FORM

The following information is needed **ONLY** if there has been a change in your address, family composition, income, current housing or living arrangements and preference designation. If you are active on a PBCHA waiting list, it is your responsibility to report all changes from your application to the Housing Authority, in writing, within **ten (10) days** of the date the change has occurred, in accordance with PBCHA Policies. **Failure to do so could result in the withdrawal or denial of your application and removal from the waiting list(s).**

PLEASE PRINT and Complete ALL Applicable Sections.

Applicant's Name: _____ Previous Name: _____

SSN: _____ DOB: _____

Phone Number(s): Home No: _____ Work No: _____ Other/Message No: _____

Waiting List(s): Please select all that apply

HCV- Tenant Based Vouchers ____ Mainstream Vouchers ____ HOPWA ____

PROJECT BASED- Covenant ____ Quiet Waters ____ New South Bay Villas ____ Westgate ____

PUBLIC HOUSING- Schall ____ Dyson ____ Drexel ____ Seminole ____ Single Family Homes ____

Mailing address has changed. **New mailing** address is:

Previous Address:

Family composition has changed. **New household members:**

Name	MI	Relationship	Sex	Age	SSN	DOB

Please Note: *If you are removing a family member from your household, please indicate the reason why:*



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Family income has changed. **New** family income is as follows:

New Employer: _____ Phone No: _____ Hire Date: _____
Address: _____
Position Title: _____ Rate of pay: \$ _____ (Hourly)
Hours per week: _____ I get paid: Weekly Bi-Weekly Monthly

Former Employer: _____ Phone No: _____
Address: _____
Position Title: _____ Hire Date: _____ Last date of work: _____
Reason for leaving employment: _____

Other Income (explain): _____

WARNING:

Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

I certify that the above information is correct and I understand that any misrepresentation will be grounds for denial to the Section 8 Housing Voucher Program or Public Housing Program.

Applicant's Signature **Date**

FOR OFFICE USE ONLY

Applicant Name	Date Received	PBCHA Staff	Date Processed

PLACE PHOTO IDENTIFICATION HERE:

