



**Housing Authority  
Street Address  
City, State, Zip**

**Applicant Wait List Update Letter**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear \_\_\_\_\_

The Housing Authority is updating its waiting list for public housing. According to our records you applied for public housing in the past and are on our current waiting list. If you wish to remain on our waiting list, please complete the update form attached to this letter in its entirety and mail it back to us in the envelope provided.

If you would like assistance in completing the PHA Applicant Update Form, or want more information about the process, you may bring it to the PHA Occupancy Department at 3939 N Hampton Road on one of the dates and times listed below. If you need help or have questions, we have staff who will assist you in filling it out. We have staff members who speak Spanish.

You will have two weeks (14 calendar days) from the date when you receive this letter to complete the form and mail it back. If you do not mail the PHA Applicant Update Form back to the Occupancy Department, your name will be removed from the wait list.

The questions asked in the PHA Applicant Update Form will help us put you on the right wait list and give you all the admissions preferences to which you might be entitled.

Thank you for your cooperation in responding to this letter in a timely manner. If you have questions about the form, please call (\_\_\_\_) \_\_\_\_\_ between 9:00 a.m. and 4:00 p.m..

Sincerely,

PHA Occupancy Department



## Housing Authority Applicant Update Form – Site-Based Wait List

Are you still interested in housing through the Housing Authority?     Yes     No

If yes, please complete all the questions below and mail within 14 days from the date you received this form to the Occupancy Department. **If you do not return this form, your application will be withdrawn.**

Date: \_\_\_\_\_ Client Number: \_\_\_\_\_

### 1. General Information

Name of Head of Household: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name	Social Security #	Relation Head	\$Annual Income	Source of Income	Age	Sex M/F
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1. (Head)		Head				
2.						
3						
4						
5						
6						
7						
8						
<b>Total Family Income</b>						

3. Is your family displaced by a natural disaster? (hurricane, tornado, earthquake, flood, etc.)

Yes  No If yes, what disaster? \_\_\_\_\_

4. Are any adult family members employed at least 30 hours per week?

Yes  No If yes, name of family member(s) \_\_\_\_\_

5. Do any family members have disabilities that require special apartment features? (wheelchair apartment, apartment for vision or hearing impaired, extra bedroom, one-level apartment, etc.)

Yes  No If yes, name of family member(s) \_\_\_\_\_

6. Is a baby expected by a family member?

Yes  No If yes, name of family member \_\_\_\_\_



7. We are converting to Site-based waiting lists. You are permitted to select up to 3 developments where you would like to live. We have included a brochure with information about all our public housing developments.
8. You may select up to 3 developments where you would like to be offered a unit. If you only want a unit at one development or two developments, list only the one or two from which you want to receive and offer of a unit.

A. \_\_\_\_\_ B. \_\_\_\_\_ C. \_\_\_\_\_

9. If you would accept the first offer available, please check the box below:

First apartment available

The information you provide on this form is confidential and will be used to process your application for a public housing unit. Thank you for your cooperation.