WAITING LIST CHANGE FORM

Check all that apply

| - | □ Name Change □ Income Change □ SSI Disability □ School Full Time □ Victim of Domestic Violence □ Employed at least 20 □ Address change hours or more a week | | | | |
|---------------|--|-------------|-----------------|----------|------|
| Phone Numb | er change: (|) - | | | |
| ☐ Name C | hange | | | | |
| Applicant's | Name | | | | |
| Applicant's | New Name | | | | |
| | | | | | |
| ☐ Address | Change | | | | |
| New Addre | ss Street | | Citv | | Code |
| ☐ Income | Change: | | | | |
| Name of Er | nployer: | | | | |
| Amount pe | r hour: | | Hours per week: | | |
| ☐ Add Fam | ily Member | ☐ Delete Fa | mily Member | | |
| Name of Fa | mily Member_ | | | | |
| Social Secu | rity Number | | | | |
| Birth Date _ | | | | | |
| | ☐ Citizen | □ Non Citi | zen 🏻 Male | □ Female | |
| | | | | | |
| Applicant's S | Applicant's Signature | | Date | | |