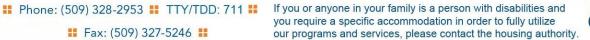
Spokane Housing Authority WAITING LIST CHANGE OF CIRCUMSTANCES FOR Rental Assistance Programs

PLEASE PRINT AND COMPLETE IN INK

HEAD OF HOUSEHOLD NAME:		Last 4 digits of SS #
CURRENT ADDRESS:		Apt. #
City: Sta	ate:	Zip Code:
TELEPHONE #: Me	ssage Phon	e #:
Is this a new address or phone number? Yes [lo 🗌
Email:		
HEAD OF HOUSEHOLD NAME CHANGE: Yes	No 🗌	
Old Name:		
New name:	_	
DECLARATION OF PREFERENCES CHANGE:		
REMOVE PREFERENCE		
DISABLED HOUSEHOLD (A family whose head, co-head, or spouse is a person with disabilities)		
☐ ELDERLY HOUSEHOLD (A family whose head, co-	head, or spous	e is at least 62 years of age)
DEPENDENT CHILD/CHILDREN HOUSEHOLD (Household that has a child or children up to 18)		
ADD PREFERENCE		
☐ DISABLED HOUSEHOLD (A family whose head, co	-head, or spou	se is a person with disabilities)
☐ ELDERLY HOUSEHOLD (A family whose head, co-	head, or spous	e is at least 62 years of age)
☐ DEPENDENT CHILD/CHILDREN HOUSEHOLD	(Household th	nat has a child or children up to 18)
Warning: Title 18, Section 1001 of the United States Code states making false or fraudulent statement to any department or agency		guilty of a FELONY for knowingly and willingly
Applicant Signature		Date
For Office Use Only: Action Taken: No Action Taken:		
		Return to: INTAKE





Fax: (509) 327-5246