

**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: _____	State: _____ Zip Code: _____
TELEPHONE #: _____ Message Phone #: _____	
Is this a new address or phone number? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 spouse 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 spouse is a person with disabilities)
- ELDERLY HOUSEHOLD** (A family whose head, co-head, or spouse is at least 62 years of age)
- DEPENDENT CHILD/CHILDREN HOUSEHOLD** (Household that has a child or children up to 18)

Warning: Title 18, Section 1001 of the United States Code states that a person is guilty of a FELONY for knowingly and willingly making false or fraudulent statement to any department or agency of the U.S.

Applicant Signature _____ **Date** _____

For Office Use Only: *Action Taken:* _____ *No Action Taken:* _____

Return to: INTAKE



Phone: (509) 328-2953 TTY/TDD: 711
Fax: (509) 327-5246

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

