

SEDRO-WOOLLEY HOUSING AUTHORITY

830 TOWNSHIP ST • SEDRO-WOOLLEY, WA 98284
PHONE (800) 417-9875 or (206) 826-5320 • FAX (206) 902-9801

OFFICE USE ONLY

FORM #: 614

HOUSEHOLD ID:

TICKLER #:

EFFECTIVE DATE:

APPLICATION CHANGE FORM

Please complete in **INK** and return or mail to the address listed above or drop off at the office.

APPLICANT NAME: _____

DATE: _____

MAILING ADDRESS: _____

SSN: _____

CITY / STATE / ZIP: _____

PHONE #: _____

Is this a ☐ New Address _____

Is this a ☐ New Phone number _____

☐ CHANGE IN FAMILY SITUATIONS:

I am Adding ☐ Deleting ☐ the following family member(s):

NAME OF FAMILY MEMBER	AGE	SEX	RELATION TO HEAD	DATE OF BIRTH	BIRTHPLACE	SOCIAL SECURITY #
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_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

I understand that an additional family member may not be added to the application until the requests have been reviewed and formally approved by the Housing Authority.

- ☐ Are you currently homeless?
- ☐ Do you currently pay more than 50% of your income for rent and utilities?
- ☐ Are you a victim of domestic violence, displaced by disaster or government action, victim of a hate crime or live in an inaccessible unit?
- ☐ Do you currently live in a dilapidated home or in a home without plumbing toilet, tub/shower, kitchen, electricity, etc.

If you answered "Yes" to any of the above questions, you appear to qualify for a preference. Please note: All preferences will be verified prior to offer of housing. If you did not answer "Yes" to any of the above questions, then you do not appear to qualify for a preference at this time and will be placed on the waiting list as a non-preference.

Do you currently live in subsidized housing or receive a government rent subsidy? ☐ YES ☐ NO

Please note: report of new change in your family situation may or may not change your application date to the date of this reported change.

LIST ANY OTHER CHANGES (CHANGE OF NAME, INCOME, ETC.)

I certify that the information is true and correct to the best of my knowledge and belief. I understand that I must report, in writing, any changes in my family composition. I am aware that misrepresentation to the Housing Authority of my family's circumstances is considered fraud and is cause for the termination of my housing application.

Signature of Head or Spouse

Phone Number