



WAITING LIST CHANGE FORM

NAME OF PRIMARY APPLICANT (HEAD OF HOUSEHOLD): _____

SSN: _____ Date of Birth (mm-dd-yyyy): _____

CHANGE OF ADDRESS

Mailing Address: _____ City: _____ Zip Code: _____

Residential Address: _____ City: _____ Zip Code: _____

If you are homeless, please tell us what **CITY** you are currently staying in: _____

Contact Information: **Home:** _____ **Mobile:** _____ **Email:** _____

U.S VETERAN STATUS- Honorable discharge YES NO

CHANGE OF EMPLOYMENT: HOH SPOUSE/CO-HEAD

City of Employment: _____

Approximate number of hours worked a week: _____

CHANGE OF DISABILITY: HOH SPOUSE/CO-HEAD

Disabled Not Disabled

STATUS REQUEST

WARNING: It is against the law to "knowingly and willfully" make and "materially false, fictitious, or fraudulent statements or representation" to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more than 5 years. (18 U.S.C. §1001)

I declare, under penalty of perjury under the laws of the United States of America and the State of California, that the information above is true, correct, and complete.

 Head of Household Signature

 Date