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CITIZEN SERVICES  
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Danielle Yates  
Bureau Chief  
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Community Connections

### Waiting List Change Form Housing Choice Voucher Program

- Please report **all** changes in writing, as soon as possible; changes cannot be accepted by phone.
- Returned mail or failure to respond to Housing requests will result in removal from our waiting list.

**Head of Household Name:** \_\_\_\_\_ **SSN:** XXX-XX-\_\_\_\_\_  
**Physical address:** \_\_\_\_\_  
**Mailing address:** \_\_\_\_\_  
**Primary phone:** \_\_\_\_\_ **Secondary phone:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Check any change(s) that apply and provide updated information.**

**Adding to household:**

Full name: \_\_\_\_\_ Sex: *M* or *F* SSN: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Disabled: *Yes* or *No* Relation: \_\_\_\_\_

**Removing from household:**

Full name: \_\_\_\_\_ Sex: *M* or *F* SSN: XXX-XX-\_\_\_\_\_  
Date of birth: \_\_\_\_\_ Relation: \_\_\_\_\_

**Income:**

First name: \_\_\_\_\_ Income: \_\_\_\_\_  hourly  weekly  bi-weekly  monthly  annually  
Name of employer or income source: \_\_\_\_\_  
Address of employer: \_\_\_\_\_  
Approximate hours worked per week: \_\_\_\_\_

**Or**

First name: \_\_\_\_\_ is no longer employed by/receiving: \_\_\_\_\_

**Other:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Please provide a brief explanation of the change(s) being reported:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_