

Board of County Commissioners

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Department of Citizen Services

Celene E. Steckel
Director
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Housing: 410-386-3600
Aging: 410-386-3800

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:** _____