

Waiting List Application Update Form

Today I am changing the following information: (Check all that apply)

- Name
- Physical Address
- Mailing Address
- Household Members

REMOVE MY APPLICATION FROM THE WAITING LIST

NAME: (PRINT)

Last 4 SSN: _____

PHYSICAL ADDRESS:

MAILING ADDRESS:

HOUSEHOLD MEMBERS:

- ADD Name: _____ SSN: _____
- REMOVE Disabled: Yes No Date of Birth _____
- ADD Name: _____ SSN: _____
- REMOVE Disabled: Yes No Date of Birth _____
- ADD Name: _____ SSN: _____
- REMOVE Disabled: Yes No Date of Birth _____

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information. I acknowledge responsibility to notify CCHA of all changes to my address, residency, and household composition during the wait period.

SIGNATURE: _____

DATE: _____

