



Housing Authority of the City and County of San Francisco
Waitlist Update Form

Waitlist Update Form

Please complete the following information and return to the Housing Authority of the City and County of San Francisco. Changes from this form will be made to all Housing Choice Voucher and Public Housing Waitlists.

Participant Information	
Name: _____	Client ID: _____
Address: _____	
E-mail: _____	Phone: _____
I have an appointment with: _____	Time: _____

Please identify the information you are reporting that has been changed (all changes must be reported within 30 days of the change).

Homeless – If yes, mailing address: _____

Change of Address – Effective date of change: _____

New Address: _____

Change of Contact Information

New Phone Number: _____

New E-mail: _____

Change of Household Members

What is the total number of people in your household including yourself? _____

Please identify if you are adding or removing a household member below (if additional space is needed for household members, please use the back of this form.):

Name	Relationship to Head of Household	Date of Birth	Social Security Number	Check One Box
				<input type="checkbox"/> Add <input type="checkbox"/> Remove
				<input type="checkbox"/> Add <input type="checkbox"/> Remove
				<input type="checkbox"/> Add <input type="checkbox"/> Remove
				<input type="checkbox"/> Add <input type="checkbox"/> Remove

Change of Income

Total monthly gross income for the household: \$ _____

Signature

Date

Date Updated

Employee Signature

A copy of the Grievance Procedure is available at www.sfha.org. If you or anyone in your family is a person with disabilities, and you require a specific accommodation to fully utilize our programs and services, please contact the Housing Authority of the City and County of San Francisco.