



HOUSING AUTHORITY OF THE
CITY AND COUNTY OF SAN FRANCISCO

Waitlist Update Form

Please complete the following information and return to the Housing Authority of the City and County of San Francisco (Authority). 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:

Please identify the information you are reporting that has been changed. All changes must be reported within **15 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: \$ _____

Change in Waitlist Preferences – Select all waitlist preferences under the waitlist that applies to you.

Preferences for the Tenant Based HCV Waitlist

- Veteran/Surviving Spouse of Veteran
- Mainstream Voucher Preference
- Individual/Family on the Public Housing Waitlist
- Involuntary Displacement



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Preferences for RAD/PBV Waitlists

- Veteran/Surviving Spouse of Veteran
- Families with a Right to Return
- RAD Emergency Referral
- Residents of Residential Care Facilities for the Chronically Ill (RCFCI)/ Transitional Residential Care Facilities (TRCF)
- Mixed Families currently residing at non-RAD units at HOPE SF sites (Sunnydale, Potrero, or Alice Griffith)
- Involuntarily Displaced with Residential Certificate of Preference (COP)
- Department of Homeless and Supportive Housing Referral (HSH)
- Families with minor children living in SROs with a referral from DBI
- Involuntarily Displaced from San Francisco Residence

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.