

# WAIT LIST CHANGE OF INFORMATION FORM

Baltimore Housing Mobility

Only fill out this form if you are on the wait list and need to report a change. Use this form to report all changes EXCEPT a change of address. See CHANGE OF ADDRESS FORM.

## 1 Head of Household Information

Fill in the required information for you, the Head of Household.

Name _____		
Address _____		
City _____	State _____	Zip Code _____
Phone _____	Cell Phone _____	
Date of Birth    __/__/____	Social Security #    ____-____-____	

## 2 Update Eligibility Status

Check an answer for each.

No change

New Change

I live in Housing Authority of Baltimore City (HABC) family public housing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I lived in HABC family public housing between January 31, 1995, and present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I was displaced from closed or torn down HABC family public housing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am on the HABC family public housing or Housing Choice Voucher wait list.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I live in Baltimore City. BRHP will check if you live in an eligible area.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 3 Change in Other Information

Check an answer for each.

No change

New Change

Are you a current public housing resident with a prior application for a Housing Choice Voucher or a pending transfer request?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an urgent need to relocate? If yes, check all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Documented health condition of a family member		
<input type="checkbox"/> Need for housing closer to place of employment, education or training		
<input type="checkbox"/> Other:		
Do you have children under the age of 18 living in your household? If yes, check all that apply:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Head of Household is employed		
<input type="checkbox"/> Head of Household is willing to participate in a job-training program		
<input type="checkbox"/> Head of Household is age 62 or older, or is a person with disabilities		

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**Remove Household Member**

Fill in the information for the household member to be removed

Name	Effective Date	
	__/__/____	
New Address		
City	State	Zip Code
	__	
Social Security #	Date of Birth	
____-____-____	__/__/____	

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**Add New Household Member**

Fill in or check to add a new household member.

	Household Member 1	Household Member 2	Household Member 3
Last Name			
First Name			
Social Security #	____-____-____	____-____-____	____-____-____
Date of Birth	__/__/____	__/__/____	__/__/____
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Relationship to Head of Household			

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**Required Signature**

I hereby certify under the penalty of perjury that the declarations I have made in this document are true and complete. I understand and acknowledge that any knowing or willful misrepresentations of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including but not limited to fine or imprisonment, or both under the provision of Title 18 of the United States Code (USC) Section 1001.



Signature of Head of Household	Date
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