



Berkeley Housing Authority

1947 Center Street, Fifth Floor., Berkeley, CA 94704
Telephone: (510) 981 5470 Fax: (510) 981 5480

Housing Authority Use Only:	
<input type="checkbox"/>	Check here when update made in database
_____	Date update made

Wait List Update

Use this form to report changes to your application on the Berkeley Housing Authority Section 8 Housing Choice Voucher, Project Based, or HOPWA Wait Lists

Please print clearly and neatly. We cannot update what we cannot read.

Name of Applicant _____

Social Security No. _____ I am on the waitlist of the following Program(s):
[] S8 Tenant-based [] S8 Project-based [] HOPWA

Phone _____ Cell _____ Email _____

Emergency Contact: Name _____

Address & Phone _____

Please make the following changes:

	From (old)	To (new)
[] Home Address	_____	_____
	_____	_____
[] Mailing Address	_____	_____
	_____	_____

[] Household Type [] I am 62 or older [] I am disabled [] I had a child(ren)

[] Change name on application: _____
You must attach documentation to support the change (i.e. person deceased) and to show that you were part of the intended household.

Please tell us a little more about your application:

- Number of adults that will be included in the assisted household: _____
- Number of children (17 and under) that will be included in the assisted household: _____
- Do you need someone to assist you with the application process? [] Yes [] No
If Yes, how? [] Translation (Language: _____) [] Accommodation for disability
[] Other _____
- Income Received: [] SS [] SSI [] TANF [] Wages/employment [] Pension [] Unemployment
[] Other _____

I declare under penalty of perjury, that all of the information reported on this form is true and correct. I understand that making false statements can result in my application being withdrawn, and in addition, could be punishable under law.

Signature _____

Date _____

Print Name _____

