

Orange County Housing Authority

1770 N. Broadway Blvd. * Santa Ana, CA. 92706
(714) 480-2740 Wait list info line * (714) 667-6544 Fax
www.ochousing.org.

WAITING LIST CHANGE FORM

NAME OF PRIMARY APPLICANT (HEAD OF HOUSEHOLD): _____

SSN: _____ - _____ - _____ Date of Birth (mm-dd-yyyy): _____

CHANGE OF ADDRESS:

Old Address: _____ City: _____ Zip Code: _____

New Address: _____ City: _____ Zip Code: _____

Telephone Number: Home: () - - Work: () - - Cell: () - -

CHANGE OF EMPLOYMENT: HOH SPOUSE/CO-HEAD OTHER: _____

Employment change: _____

Old City of Employment: _____ **New** City of Employment: _____

CHANGE OF FAMILY COMPOSITION: ADDITION REMOVAL

Name: _____ SSN: _____ Age: _____ Male Female

Name: _____ SSN: _____ Age: _____ Male Female

Name: _____ SSN: _____ Age: _____ Male Female

Name: _____ SSN: _____ Age: _____ Male Female

OTHER CHANGES: (please briefly explain other changes below)

WARNING: It is against the law to "knowingly and willfully" make and "materially false, fictitious, or fraudulent statements or representation" to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more than 5 years. (18 U.S.C. §1001)

I declare, under penalty of perjury under the laws of the United States of America and the State of California, that the information above is true, correct and complete.

Head of Household Signature

Date