



# Berkeley Housing Authority

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

### Housing Authority Use Only:

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 I understand that making false statements can result in my application being withdrawn, and in addition, could be punishable under law.**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 \_\_\_\_\_

