



Waiting List Information Update Form

Print and mail this form to:

Housing Authority of St. Louis County
Attn: Waiting List
8865 Natural Bridge
St. Louis, MO 63121

In order to keep your name on the waiting lists it is important you keep the Housing Authority informed of any changes. Failure to do so could result in removal from any or all waiting lists.

Prospect Information

Head of Household Name _____ Social Security Number _____

Check the Changes you need to make:

_____ **Address change**

New Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Telephone # (Day) _____ (Night) _____
 E-Mail Address _____

Old Address _____ Apt.# _____
 City _____ State _____ Zip _____

_____ **Disability Status**

Do you or any member of your household require accommodation due to a disability? Yes ___ No ___
 If yes, List any accommodation needed (optional):

_____ **Income Sources (Circle all that apply)** Employment Social Security or SSI TANF Other-Specify _____

_____ **Household Size** - ONLY list yourself and the family members who will live with you.

Last Name	First Name	Race	Age	Sex	Relationship	Social Security Number	Yearly Gross Income
					Head of Household		

I hereby certify the information above is true and complete. I understand I must verify this information if asked to do so. I understand any false information may result in being denied or removed from any or all waiting lists.

Signature

Date