



HOUSING CHOICE VOUCHER WAIT LIST UPDATE FORM FOR 2019 APPLICANTS

This form must be completed and returned if any changes occur while your name is on the waiting list. Changes may affect your placement on the waiting list.

NAME: _____ SOCIAL SECURITY # _____ - _____ - _____

STREET: _____

APARTMENT NUMBER: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____

IS THIS AN ADDRESS CHANGE? ☐ Yes ☐ No Phone #: (_____) _____ - _____

ARE YOU OR YOUR SPOUSE/DOMESTIC PARTNER DISABLED? ☐ Yes ☐ No

ARE THERE ANY OTHER ADULT MEMBERS OF THE HOUSEHOLD (18-61 YEARS OF AGE) WHO ARE DISABLED? ☐ Yes ☐ No

ARE YOU CURRENTLY HOMELESS? ☐ Yes ☐ No

CURRENT NUMBER OF HOUSEHOLD MEMBERS: _____

GROSS HOUSEHOLD INCOME (total income before taxes for all adult household members):

FREQUENCY: ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Annual

X _____
Signature of Applicant Date

Please return this form to:
MPHA Housing Choice Voucher Program
Attn: Waitlist
1001 Washington Ave N
Minneapolis, MN 55401-1043

You can also fax this update form to 612-335-4427, Attn: HCV Waitlist or email it to HCV@mplspha.org

IMPORTANT NOTICE

It is your responsibility to notify MPHA of all changes. If mail is returned, your name will be removed from the waiting list.