



# 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: \_\_\_\_\_ Apt: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

IS THIS AN ADDRESS CHANGE?  Yes  No Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

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: Adults \_\_\_\_\_ Children \_\_\_\_\_ Do you have any children

13 years of age or younger. If so, what are their birthdates \_\_\_\_\_

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

\_\_\_\_\_  
FREQUENCY:  Weekly  Biweekly  Monthly  Annual

Signature of Applicant X \_\_\_\_\_ 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 [HCVwaitinglist@mplspha.org](mailto:HCVwaitinglist@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.