

Information Change Form for State Section 8 Wait List

This form makes change or corrections only to your Section 8 applicant file for the **Montana State Wait List**.
This is not an application for the Section 8 Wait List!

Please include a phone number in case we may need to contact you for additional information of verification. If filling out but hand your form may not be processed if we cannot read the information on this form. **Please print neatly!**

Mail to:
Department of Commerce
Housing Assistance Bureau
Section 8 Housing Program
PO Box 200545
Helena, MT 59620-0545

Type of Change

- Name Change or Addition
- Address Change
- Phone Change or Addition
- Income Change
- Family Change or Addition
- Changing Areas?

Client ID# 00 _____

(If yes, What City?)

Head of Household (HOH) Name: _____

Head of Household SSN: _____

Mailing Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Household Members

Name	Birthdate	Sex	Social Security #	Relationship	Disabled
				Self/HOH	

Income

Amount	Source	Hourly, Monthly or Yearly

Signature: _____ **Date:** _____

You are responsible to keep all information including address current & to notify MDOC in writing of any changes.
If you cannot be contacted, your name will be removed from the Wait List & you will have to reapply.