

SECTION 8 WAIT LIST INFORMATION CHANGE FORM

This is to be used to make changes or corrections ONLY to your Section 8 applicant file for the Section 8 Wait List.

THIS IS NOT AN APPLICATION FOR THE SECTION 8 WAIT LIST!

PLEASE PRINT NEATLY!

Your form may not be processed if we cannot read the information on this form. Please include a phone number in case we may need to contact you for additional information or verification.

MAIL TO:
Department of Commerce
Housing Assistance Bureau
Section 8 Housing Program
PO Box 200545
Helena, MT 59620-0545
Phone: 406-841-2830
FAX: 406-841-2810

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.