

POMONA HOUSING AUTHORITY

505 South Garey Avenue, P.O. Box 660 Pomona, CA 91769, (909) 620-2368, FAX (909) 620-4567



SECTION 8 WAITING LIST UPDATE FORM (PLEASE PRINT)

Applicant's Name:

Social Security Number:	Changes are effective on: / /
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Please check (4) off the change(s) to be made to your pre-application:

<input type="checkbox"/> Change of Address	<input type="checkbox"/> Phone Number
<input type="checkbox"/> Income	<input type="checkbox"/> Name change due to:

My old information is:	My new information is:

My preference(s) at this time is/are: *Verification by police, social security agency, clergy person, physician, public or private facility and/or actual rent receipts must be provided when submitting this form.

<input type="checkbox"/> Living in Pomona	<input type="checkbox"/> Substandard Housing
<input type="checkbox"/> Working in Pomona	<input type="checkbox"/> Paying 50% of income toward rent

Comments:

This information is in addition to my original "Preliminary Application." All changes are true and correct to my knowledge. The Pomona Housing Authority is not liable for any misinformation or misspelling provided in my update. The PHA will not contact me if the information provided is not legible and complete.

Print Name	Signature	Date
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OFFICE USE ONLY		
Inputted by	Title	Date