

WAITING LIST UPDATE FORM

If you wish to remain in the AMHA Waiting List, please answer the questions below and mail or bring the completed form to: ALLEN METROPOLITAN HOUSING AUTHORITY 600 S. MAIN ST, LIMA, OH 45804
419.88.6065

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ SECONDARY NUMBER: _____

List ALL person's that will be living in the household:

NAME	RELATIONSHIP TO H.O.H	SEX	BIRTHDATE	SOCIAL SECURITY NUMBER
	H.O.H			

When you add all the household income, how much gross income do you receive each month? _____

How much do you pay each month for rent and utilities (gas, electric & water)? _____

Is your housing substandard? _____ If yes, please describe: _____

Are you being displaced or evicted? _____ Explain: _____

Are you living in a shelter for the homeless? _____ Which? _____

Are you or your spouse employed? _____ How long? _____

Are you or your spouse handicapped, disabled or over 62 years of age? _____

Are you a veteran or the spouse of a veteran? _____

Who is your current landlord? _____ Phone: _____

It is **IMPORTANT** that you come in to the AMHA to update your information if there are any changes with the above information or at least every 6 months to make sure that your information is up to date. If we are unable to contact you, we will determine your application ineligible and you will be required to wait until the waiting list reopens to enter another application. We will not make any changes to your personal information without this update form.

Please understand that deliberate falsification of the above information may result in the rejection of your application and the loss of your place on the waiting list (s).

I am certifying that to the best of my knowledge, all of the above information is true and complete.

Signature

Date