

Quechan Housing Authority

1860 W. Sapphire Lane
Winterhaven, California 92283

Phone: (760) 572-0243 Fax: (760) 572-0245

WAITING LIST UPDATE FORM

Name: _____ Date: _____

Current Address: _____

City, State, Zip Code: _____

Please complete all information that has changed for your application status.

1. Is there any change in family members? Yes / No
2. Is there any change in income? Yes / No

Name of person for which income has changed: _____

Amount: _____ circle one: Annual biweekly weekly

Please provide full name, date of birth, social security numbers and income for any persons that you will add or remove to household composition. Please Note: if addition to household member is an adult, he/she must sign an authorization to conduct criminal and credit background investigation form. If the addition is a minor, please be prepared to submit legal custody verification attained through a court system.

1. Name: _____ Date of Birth: _____
SS Number: _____ Income: _____
Circle One: ADD (+) REMOVE (-) Quechan Tribal Member? (Circle) Yes / No
Relationship to Household: _____

2. Name: _____ Date of Birth: _____
SS Number: _____ Income: _____
Circle One: ADD (+) REMOVE (-) Quechan Tribal Member? (Circle) Yes / No
Relationship to Household: _____

3. Name: _____ Date of Birth: _____
SS Number: _____ Income: _____
Circle One: ADD (+) REMOVE (-) Quechan Tribal Member? (Circle) Yes / No
Relationship to Household: _____

Total Number of Adults: _____ Total Number of Children: _____

Has your name, address or phone number changed? YES NO

Name _____

New Address _____ City _____ State _____ Zip _____

Updated Contact Number _____

Your cooperation in updating this information is appreciated. Please notify us promptly of any changes in address or telephone number, so we will be able to contact you as needed.

I certify the information is true, correct to the best of my knowledge, and understand it is subject to verification by the QHA office.

Applicant Signature

Date