

**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