

WAITING LIST UPDATE FORM

If you wish to remain on 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 419-228-6065

NAME: _____ SOCIAL SECURITY # _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ SECONDARY # _____

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

NAME	RELATIONSHIP TO HOH	SEX	BIRTHDATE	SS #
	HEAD			

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 standard? _____ If yes, please describe _____

Are you being displaced or evicted? _____ Explain _____

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

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 and 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 above information is true and complete.

Signature

Date