

CHANGE OF STATUS FOR WAITING LIST AT LEASED HOUSING

List full name of head of household (as listed on initial application):

Name _____ Social Security # _____

Please indicate what has changed:

Change of mailing address:

New Address: _____
City _____ State _____ Zip _____

Change of physical address:

New Address: _____
City _____ State _____ Zip _____

Change of phone number/email:

New Phone: _____ Home / Cell / Work (Please Circle One)
New Email: _____

Do you work in Linn or Benton County?

YES _____ NO _____

Adding new person(s) to household:

Name Relationship Date of Birth Social Security Number

Removing person(s) from household:

Is Head of Household, Spouse or Co-Head a "person with disabilities"?

YES _____ NO _____

Definition of a "Person With Disabilities": A physical or mental impairment which substantially limits one or more of such person's major life activities, a record or history of having such an impairment, a perception of having such an impairment. This term does not include current, illegal use of or addiction to a controlled substance.

Is your family currently working with the Child Welfare Division?

YES _____ NO _____

**If yes, list the name and email address of your Child Welfare DHS worker:

Name: _____
Email: _____

Has your family stayed in a shelter or transitional housing in Linn/Benton County in the last 30 days?

YES _____ NO _____

**If yes, list the name of facility and dates of stay:

Where: _____
When: _____

Is your family currently displaced by Linn or Benton County code enforcement action?

**Ex. Condemned, Placard, or Uninhabitable Home

YES _____ NO _____

Signature: _____

Date: _____