



**MONTANA STATE SECTION 8 WAITLIST
INFORMATION CHANGE FORM**
THIS IS NOT AN APPLICATION FOR THE SECTION 8 WAIT LIST

**COMPLETE ALL QUESTIONS.
PRINT NEATLY.
ALL INFORMATION IS REQUIRED FOR
PROCESSING.
INCOMPLETE OR ILLEGIBLE APPLICATIONS
WILL NOT BE PROCESSED.
PARTICIPATION IS LIMITED AND APPLICANTS
WILL BE TAKEN ON A FIRST-COME/FIRST
SERVED BASIS BY APPLICATION DATE.**

MAIL TO:

Department of Commerce
Section 8 Housing Program
PO Box 200545
Helena, MT 59620-0545
Phone: 406-841-2830
Fax: 406-841-2810

TYPE OF CHANGE

- _____ Name Change or Addition
- _____ Address Change
- _____ Phone Change or Addition
- _____ Income Change
- _____ Family Change or Addition
- _____ Changing Areas/District

(if transferring, to what city?)

CLIENT # _____

HEAD OF HOUSEHOLD (HOH) NAME: _____

HEAD OF HOUSEHOLD SSN: _____

MAILING ADDRESS: (REQUIRED) _____

CITY, STATE, ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

HOUSEHOLD MEMBERS

NAME	BIRTHDATE	SEX	SOCIAL SECURITY #	RELATIONSHIP	DISABLED
				SELF/HOH	

INCOME

AMOUNT	SOURCE	HOURLY, MONTHLY or YEARLY

SIGNATURE: _____ DATE: _____

YOU ARE RESPONSIBLE FOR KEEPING ALL CONTACT INFORMATION CURRENT, ESPECIALLY ADDRESS, & TO NOTIFY MDOC IN WRITING OF ANY CHANGES. IF YOU CANNOT BE CONTACTED, YOUR NAME WILL BE REMOVED FROM THE WAIT LIST & YOU MUST REAPPLY.