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

<table>
<thead>
<tr>
<th>NAME</th>
<th>BIRTHDATE</th>
<th>SEX</th>
<th>SOCIAL SECURITY #</th>
<th>RELATIONSHIP</th>
<th>DISABLED</th>
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<td>SELF/HOH</td>
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INCOME

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<thead>
<tr>
<th>AMOUNT</th>
<th>SOURCE</th>
<th>HOURLY, MONTHLY or YEARLY</th>
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SIGNATURE: ___________________ DATE: ________________

YOU ARE RESPONSIBLE FOR KEEPING ALL CONTACT INFORMATION CURRENT, ESPECIALLY ADDRESS, AND 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.