



WAITLIST UPDATE FORM

4020 Civic Center Drive
San Rafael, CA
94903-4173

*NAME: _____

*SSN: _____

ADDRESS: _____

PHONE: _____

DOB: _____

* required information

PLEASE NOTE BELOW ANY CHANGES IN YOUR SITUATION:

1. Are you currently homeless? - Defined as any of the below statements

- | | | |
|-----|----|--|
| YES | NO | Living on the streets, camping or in car |
| YES | NO | Emergency shelter or motel/hotel |
| YES | NO | Temporarily sharing with friends or family (no rental agreement) |
| YES | NO | Transitional housing (Program: _____) |

2. Have you been involuntarily displaced either;

- | | | |
|-----|----|---|
| YES | NO | By a "Natural Disaster"(ie: Fire, Flood declared so by State or other recognized agency.), or a government agency is forcing or has forced you to move? |
| YES | NO | By being a victim of Domestic Violence (must have occurred in the last 30 days, be of a continuing nature and verified by a recognized agency)? |
| YES | NO | By being a current participant in a witness protection program? |

3. Are you or your spouse/significant other currently working at least 20 hours per week or currently attending school or other training program full-time?

YES NO

4. Are you or your spouse/significant other currently a member of Military or the surviving spouse of a Veteran?

YES NO

5. Are you or your spouse/significant other:

- | | | |
|-----|----|--|
| YES | NO | at least 62 years of age? |
| YES | NO | disabled/handicapped? |
| YES | NO | a family, consisting of two or more people living in your household? |

6. Have you or any household member successfully participated or currently participating in a supportive program for Disabled/Homeless persons?

YES NO

It is the applicant's responsibility to keep this information current at all times. If you fail to respond to MHA mailings, or if mail is returned as undeliverable to MHA, your application will be removed from the Wait List.

WAITLIST UPDATE FORM

HOW MANY PEOPLE ARE CURRENTLY IN THE HOUSEHOLD? _____

WOULD YOU LIKE TO ADD A MEMBER TO YOUR HOUSEHOLD?: YES/NO

(If you are adding a member(s) to your pre-application, please provide the following information for the individual(s) you wish to add):

Name	Date of Birth	Citizen/ Immigrant	Sex	Relationship	Social Security #

NOTES: _____

Applicant's Signature: _____ Date: _____



**Housing Authority of
The County of Marin**

415/491-2525

(FAX) 415/472-2186
(TDD) 1-800-735-2929

www.marinhousing.org

This box is for Records Coordinator use Only

UPDATED IN COMPUTER ON:

TO BE DATE STAMPED BY MHA STAFF ONLY

Waitlist(s): S8 HAM Pt Reyes PH Bradley Isabel Fairfax