



## HOUSING CHOICE VOUCHER WAIT LIST APPLICANT UPDATE FORM

This form must be completed and returned if any changes occur while your name is on the waiting list. Changes may affect your placement on the waiting list.

NAME: \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

IMPORTANT – this will be used to identify your application!

Is this an address change?  Yes  No Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Change in ranking preferences (Check the box or boxes which now apply):

- Your family is being displaced from your present housing (does not apply to evictions).
- Your family is homeless or living in substandard housing.
- Head of household or spouse lives and or works within city limits of Minneapolis.
- Your family is rent burdened by paying 50% of your income for rent and utilities consistently for more than 90 days.
- The Head of the household or spouse is participating in an economic self-sufficiency program. (Work training program).
- A member of your household is a veteran of the United States military forces.
- A member of your household is participating in a program for victims of domestic violence.
- Your family lives in the City of Minneapolis and your current landlord will accept a Housing Choice Voucher- (Lease in Place).
- An adult member of your household is working at least 40 hours per week.

X \_\_\_\_\_  
Signature of Applicant Date

Please return this form to:  
MPHA-Housing Choice Voucher Program  
Attn: Waitlist  
1001 Washington Ave N  
Minneapolis, MN 55401-1043

You can also FAX this update form to #612-335-4427 Attn: HCV Waitlist

**\*IMPORTANT NOTICE\***

It is your responsibility to notify MPHA of all changes. If mail is returned, your name will be removed from the waiting list.