

**CITY OF MCDONOUGH HOUSING AUTHORITY
PUBLIC HOUSING WAITING LIST UPDATE**

Date: _____

Name of Family Member: _____ Social Security # _____
Current Address: _____ Old Address: _____

Telephone Number _____

Employment Information

New Job Name: _____ Old Job Name: _____

All Income Information (Monthly)

____ Wages (Employer) \$ _____
____ AFDC/TANF \$ _____
____ Unemployment \$ _____
____ Social Security \$ _____
____ Child Support \$ _____
____ Gifts/Contributions \$ _____ (from family/friends)
____ Self-Employment \$ _____

(You must provide proof of all reported income)

Addition/Removing Someone from Application

Name of person being Added/Removed: _____
SS# _____
Date of Birth: _____ Age: _____ Contact #: _____
Reason for Adding/Removing: _____

(You must provide Birth Certificate and Social Security Card to add someone to your Application)

CERTIFICATION SECTION

I/We hereby certify that all the above information given to this Housing Authority on my/our conditions is accurate to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal Law. I/We understand that false information is grounds for termination of eligibility for Public Housing and Public Housing Tenancy. I hereby authorize the release of the above requested information.

Signature

Date

Signature

Date