

**Spokane Housing Authority**  
**WAITING LIST**  
**CHANGE OF CIRCUMSTANCES FOR Rental Assistance Programs**

**PLEASE PRINT AND COMPLETE IN INK**

<b>HEAD OF HOUSEHOLD NAME:</b> _____	<b>Last 4 digits of SS #</b> _____
<b>CURRENT ADDRESS:</b> _____ <b>Apt. #</b> _____	
<b>City:</b> _____	<b>State:</b> _____ <b>Zip Code:</b> _____
<b>TELEPHONE #:</b> _____ <b>Message Phone #:</b> _____	
<b>Is this a new address or phone number?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Email:</b> _____	

**HEAD OF HOUSEHOLD NAME CHANGE:** Yes  No

**Old Name:** \_\_\_\_\_

**New name:** \_\_\_\_\_

**DECLARATION OF PREFERENCES CHANGE:**

**Check  
Yes or No**

- Is your household a family whose head, co-head, or spouse is a person with disabilities?**
  
- Is your household a family with a person with disabilities who is not the head, co-head or spouse?**
  
- Is your household a family whose head, co-head, or spouse is at least 62 years of age?**

**Warning:** Title 18, Section 1001 of the United States Code states that a person is guilty of a FELONY for knowingly and willingly making false or fraudulent statement to any department or agency of the U.S.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Office Use Only: Action Taken:* \_\_\_\_\_

*No Action Taken:* \_\_\_\_\_

Return to: INTAKE



☰ Phone: (509) 328-2953 ☰ TTY/TDD: 711 ☰  
☰ Fax: (509) 327-5246 ☰

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

