



San Antonio Housing Authority
Admission and Occupancy Department
818 S. Flores St.
San Antonio, TX 78204
Phone (210) 477-6196
Fax: (210)477-6179

PUBLIC HOUSING WAITING LIST CHANGE FORM

This change form should only be used to submit changes for current applicants on the: PUBLIC HOUSING WAITING LIST

- 1) Address (MUST BE IN WRITING)
2) Phone number (CAN CALL CUSTOMER SERVICE 477-6196)
3) Name change (MUST BE IN WRITING)
4) Request for change in Bedroom Size. (MUST BE IN WRITING)
5) Add/or remove family members- (MUST BE IN WRITING).
6) Change of information will be entered on the waiting list by the date and time received.
7) Changes will be accepted at the following address:

Admission and Occupancy Department
818 S. Flores
San Antonio, Texas 78204
Phone 477-6196 Fax 477-6179

- 8) 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. Applicants with disabilities may obtain assistance with the completion of the change form at any SAHA Development Office, or at the Admissions and Occupancy Department, at the address above.
9) Be sure to include the name, social security number, and date of birth of the family member you are making the change for.
10) All unit offers are made by 1st class mail.

Failure to update your waiting list application with a current address and telephone number will result in your application being withdrawn from the waiting list.

Ethel Tuner

Ethel A. Tuner (handwritten signature)



The San Antonio Housing Authority does not discriminate on the basis of race, color, religion, national origin, ancestry, sexual orientation, age, familial status, or physical or mental disability in the access to its programs for employment, or in its activities, functions, or services.

FOR SAHA USE ONLY:

DATE RECEIVED: \_\_\_\_\_ SAHA: \_\_\_\_\_

IF MAILING IN THE PRE-APPLICATION, PLEASE KEEP THIS SHEET FOR FUTURE REFERENCE



FOR SAHA USE ONLY:

**PUBLIC HOUSING WAITING LIST CHANGE FORM**

Applicant Name \_\_\_\_\_ NEW PHONE# \_\_\_\_\_ ALTERNATE PHONE# \_\_\_\_\_  
 New Address \_\_\_\_\_ Apt # \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_

**CHANGE IN FAMILY (Family Members you are Adding or Removing)**

Add or Remove	Last & First Name	Date of Birth	Age	Sex M/F	Monthly Income	Source (Wages, Child Support, SS, SSI, TANF, Family contributions, etc)	Social Security #	Relation to Head	Birthplace/ COUNTRY
							- -	HoH	
							- -	Co-Head / Spouse	
							- -	Son/ Daughter	
							- -	Son/ Daughter	
							- -	Son/ Daughter	
							- -	Son/ Daughter	
							- -	Other Adult	

**\*A Disabled Person-has a verified disability determined to be continuous, and/or long term (more than 12 months)**

2. Have you had a name change? (Verification required)  Yes  No
3. Do you require a change of bedroom size?  Yes  No Previous bdrm size\_\_\_ New bdrm size \_\_\_
4. Are you currently displaced due to: **DISASTER (fire, flood, hurricane) or GOVERNMENTAL ACTION**  Yes  No  
(Modernization; Property disposition; Housing is inaccessible or uninhabitable)
5. Are you currently homeless? (Must be referred by COSA, and be residing at shelter/transitional housing)  Yes  No
6. Is the Head of Household or Co-Head/Spouse, 62 years of age or older?  Yes  No
7. Is the Head of Household or Co-Head/Spouse disabled?  
  - If Yes to either 6 or 7: Do you wish to reside at an Elderly/Mix property?  Yes  No
8. Do you or anyone in the household require a wheelchair accessible apartment?  Yes  No
9. Is any family member mobility; Hearing or visually impaired?  Yes  No
10. Is the Head of Household **50-61** years of age and if so, do you wish to reside at an Elderly/Mix property (If Yes, the waiting period may be up to 5 years.)  Yes  No
11. Has your income changed? (If Yes, please specify in box above.)  Yes  No

**\* Elderly/Mix Property – All residents must be 62 years of age or older or be a disabled individual of any age.**

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse/Co-Head Signature \_\_\_\_\_ Date \_\_\_\_\_

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.