



APPLICATION PREFERENCE REMOVAL FORM

APPLICANT INFORMATION	
Applicant Name (print): _____	Date: _____
Last 4 of SSN: _____	Email: _____
Home Telephone: _____	Work Telephone: _____
Current Address: _____	
City: _____	State: _____ Zip Code: _____

Please check the preference(s) that you wish to remove from your application for housing assistance:

Working Preference

Involuntary Displacement Preference

Please provide your reason for removing the above preference (s) from your application:

By signing below, I understand that SAHA will permanently remove the above checked preference(s) from my application for housing assistance. I also understand that the removal of one or more preferences from my application will result in my name being placed on the waiting list in the order I would have been ranked without the preference(s).

Applicant Signature

Date

