



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



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: **Michelle Finch, 818 S. Flores, San Antonio, Texas 78204.**

SAHA
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San Antonio, TX 78204
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