



88 Silver Street, Waterville, Me., 04901
207-873-2155 fax 207-877-9429

Executive Director
Diane Townsend

CHANGE OF INFORMATION FORM

*****You must be the Head of Household to complete this form*****

Head of Household name: _____ Last 4 digits of SSN: _____

Current residence: _____

Mailing address, if different: _____

Phone number: _____ Number of family members in household: _____

Do you or your spouse either live, work or retire working, or attend school full- time in Waterville, Winslow, Oakland or Sidney? YES ___ NO ___

List the household member(s) you are adding. Please include the name, date of birth and social security number for each person.

Household Member	DOB	M/F	SSN	Disabled (Y/N)

Income for newly added household member(s):

Household Member	Source of Income	Amount per Week/Month

Does any member of your household require a mobility accessible unit? YES ___ NO ___

If you or a household member have a disability and feel that you should need a reasonable accommodation in order to participate in the housing program, please state the name and accommodation below:

Please note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to give false statements or misrepresent information to any department or agency of the United States Government.



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List the household member(s) you are removing.

Household Member

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS CHANGE FORM IS ACCURATE AND COMPLETE. I understand that submission of false information of misrepresentation may result in loss of eligibility to participate in the Public Housing Program. I understand I am required to notify Waterville Housing Authority if any change in information on my application. I understand if I cannot be contacted at the last mailing address given, my name be removed from the waiting list and I will have to reapply. I certify that I have attained the age of 18 years old or I am emancipated minor and therefore have the full legal capacity to act on my own behalf in the matter of contracts.

Signature of Head of Household: _____ Date: _____

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