



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: _____

My current residence is: _____

My mailing address, if different, is: _____

My phone number is: _____ Number of family members in my household: _____

Do you work in or are you retired from Waterville, Winslow, Oakland or Sidney? Yes ___ No ___

If yes, please list name of employer, address and telephone #: _____

Please list the total amount of your gross annual household income: \$ _____

Please list the names of all person(s) in your household, including yourself: _____

If any of the members of your household have been added since your original application, please provide the name, date of birth and social security number for each person:

Household member	DOB	M / F	SSN

Are you removing any members of your household? If so, who? _____

Are any members of your household disabled? ___ Yes ___ No.
If yes, is a reasonable accommodation needed in order to participate in the Public Housing Program?

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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I CERTIFY THAT THE INFORMATION PROVIDED IN THIS CHANGE FORM IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Public Housing Program. I understand I am required to notify Waterville Housing Authority of any change in information on my application. I understand if I cannot be contacted at the last mailing address given, my name may 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 an 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: X _____ Date: _____

Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you chose to do so, please include the relevant information below.

Name of Additional Contact Person or Organization: _____
Address: _____

Telephone No: _____ Cell Phone No: _____

E-Mail Address (If applicable): _____

Relationship to Applicant: _____

Reason for Contact: (Circle all that Apply)

- Emergency
- Unable to contact you
- Assist with Application Process
- Termination of Rental Assistance
- Eviction from Unit
- Late Payment of Rent
- Assist with Recertification Process
- Change in Lease Terms
- Other: _____

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Signature: _____ Date: _____