

WAITING LIST APPLICANT UPDATE FORM

This form must be completed by the head of household and/or spouse (if authorized) and returned if any changes occur while your name is on the waiting list. Changes may affect your placement on the waiting list.

HEAD OF HOUSEHOLD: _____ Social Security #: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

REPORT - CHANGES IN RESIDENCY PREFERENCE

(Place an "X" before the statement that **now** applies):

**NOTE: ALL CHANGES MUST BE VERIFIED BEFORE PREFERENCE IS GIVEN
If you are eligible for a residency preference, YOU MUST PROVIDE PROOF.**

___ Head/co-head of household has permanent housing within HRA's service area.

DEFINITION: applicant must be living in permanent housing in one of the following counties: Martin, Nicollet, Sibley, Waseca or Watonwan. **Permanent housing DOES NOT include shelters, halfway houses or any place that the applicant is living or staying temporarily.**

PROOF: applicant must provide a copy of a current rental lease, current utility bill or driver's license / I.D. card showing the applicants address located in the HRA's service area.

___ Head/co-head of household works or is hired to work within HRA's service area.

DEFINITION: applicant works or is hired to work in one of the following counties: Martin, Nicollet, Sibley, Waseca or Watonwan.

PROOF: applicant must provide a copy of a current pay stub or a dated letter from the employer stating applicants hire date and current employment status. Proof must show the employers address located in the HRA's service area.

___ Head/co-head of household is a full-time student at an institution of higher education within HRA's service area.

DEFINITION: applicant must be a full-time student at an institution of higher education in one of the following counties: Martin, Nicollet, Sibley, Waseca or Watonwan.

PROOF: applicant must provide a copy of a current class schedule, showing full-time status, along with a copy of the applicants student I.D. Proof must show the schools address located in the HRA's service area.

Signature of Head of Household

Date

Questions can be directed to Andrea Johnson at 507-345-1977 or 1-800-733-9564, extension 1.

Please return this form to: South Central MN Multi-County HRA, Attn: Andrea Johnson, 422 Belgrade Avenue, Suite 102, North Mankato, MN 56003.

You can also FAX this update form to: 507-345-5908 or email form to: scmmchra@hickorytech.net.

Office Use Only:

Date Received in office: _____

Date Updated: _____

Employee Signoff: _____