

# Housing Authority of the City of Danville, Illinois

## Low Income Public Housing Waitlist Update Form

NAME OF APPLICANT(S): \_\_\_\_\_

Date: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Emergency Contact (Name & Phone #): \_\_\_\_\_

Are you interested in remaining on the Low Income Public Housing Waiting List? **YES** or **No**

Are you a resident of Vermilion County, IL? **YES** or **No**

Are you a Veteran, having served in the US Military? **YES** or **No**

Has your household Involuntarily Displaced by Disaster/Domestic Violence? **YES** or **No**

Is the Head, Spouse or Co-head Elderly (Age 62 or older)? **YES** or **No**

Is the Head, Spouse or Co-head Disabled? **YES** or **No**

Is the Head, Spouse or Co-head EMPLOYED 20 or more hours weekly? **YES** or **No**

Has your household had a change in income or family composition? **YES** or **No**

If **YES** to **income or family** composition changes, please explain in the space below:

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*I certify that the statements on this application are true to the best of my/our knowledge and belief and understand that **they will be verified**. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.*

Applicant Signature

Date

PHONE#

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Updated System  Removed Applicant  Other: \_\_\_\_\_