



Scottsdale Housing Agency  
 Paiute Neighborhood Center  
 6535 E. Osborn Rd., Bldg. 8  
 Scottsdale, AZ 85251-6029

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 FAX 480-312-7761  
 TDD 480-312-7411  
 WEB [www.scottsdaleaz.gov/assistance/housing/voucher](http://www.scottsdaleaz.gov/assistance/housing/voucher)

## WAITLIST CHANGES FORM

- Is this an Address Change?  Is this an Income Change?   
 Is this a Preference Change?  Adding/Deleting Family Member?

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Message Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. List Family Changes: Are you adding a family member?   
 Are you removing a family member?

	LAST NAME	FIRST NAME	MI	RELATIONSHIP	DATE OF BIRTH	SEX	SS#
1.	_____	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____	_____

2. List all current income that your household receives, or will be receiving in the next 12 months.  
 Give the source and the amount of the income. **(REQUIRED INFORMATION)**

	FAMILY MEMBER	SOURCE & TYPE OF INCOME	MONTHLY AMOUNT	ANNUAL AMOUNT
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

(See Reverse Side)



I am applying for the following local preference and have attached a copy of the required documentation:

**Check all that apply to you and explain change below:**

- Living in Scottsdale **(attach a current lease or utility bill)**
- Working in Scottsdale **(attach paycheck stub or letter from employer with Scottsdale address)**
- Elderly **(attach a copy of birth certificate or driver's license)**
- Disabled **(attach a disability statement)**
- None of the above

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**CERTIFICATION**

I understand that all preferences will be verified before I am offered housing assistance. If my preference cannot be verified, my name will be placed back on the appropriate waiting list according to the date, time, and number of my original pre-application.

I hereby certify that all information I have provided is complete and accurate. I further understand that false statements or information are grounds for denial and/or termination of housing assistance.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Disclaimer:** Please note that it is the responsibility of the waitlist applicant to verify that the Scottsdale Housing Agency has received their Waitlist Change form. The City of Scottsdale Housing Agency is not responsible for forms lost or not received.

