

Fairfield Housing Authority

Waiting List Update Form

Last Name, First name of Head of Household		Date of Birth / /		Social Security Number - -	
Last Name, First name of Spouse or Co-Head, if applicable		Date of Birth / /		Social Security Number - -	
Old phone number		New Phone Number		Email address	
Old Address	Apartment #	City	State	Zip Code	
New Mailing Address	Apartment #	City	State	Zip Code	
New Home Address	Apartment #	City	State	Zip Code	

Family Composition (list all that will be residing with you)

Name	Date of Birth	Sex	Disabled	Social Security
	/ /			- -
	/ /			- -
	/ /			- -
	/ /			- -
	/ /			- -

Preferences: Please mark all that apply (you will be required to show all proof of preferences at the time your name is pulled from the waiting list)

	TBRA completion (Tenant Based Rental Assistance) - applicant families who participated and completed the TBRA program in the City of Fairfield.
	The head of household, co-head, or spouse, live or work in the Fairfield.
	The head of household, co-head or spouse is a veteran.
	The family is homeless.
	The head of household, co-head or spouse is elderly (over 62) and or disabled.
	The head of household is a victim of domestic violence and have been referred by servicing agency.
	Rent Burden: paying 51% or more of their income towards rent and utilities.

Head of Household Signature: _____ Date: _____