



Wait List Information Update Form

Print and Mail this from to:
 County Housing
 Attn: Waiting List
 8865 Natural Bridge
 St. Louis, MO 63121

Head of Household Name _____ Social Security Number _____

Check the Changes you need to make:

□ Address change

New Address _____ Apt. # _____
 City _____ State _____ Zip _____
 Telephone # (Day) _____ (Night) _____
 E-Mail Address _____

Old Address _____ Apt.# _____
 City _____ State _____ Zip _____

□ Disability Status

Do you or any member of your household require accommodation due to a disability? Yes ___ No ___
 If yes, List any accommodation needed (optional):

□ Household Size

ONLY list yourself and the family members who will live with you.

Last Name	First Name	Race	Age	Sex	Relationship	Social Security Number	Yearly Gross Income
					Head of Household		

I hereby certify the information above is true and complete. I understand I must verify this information if asked to do so. I understand any false information, or my inability or unwillingness to verify this information, may result in being denied or removed from the waiting list.

 Signature

 Date