

**WAITING LIST  
INFORMATION CHANGE FORM**

This form must be completed and submitted before any change in the Waiting List can take place. Please complete and submit to:

**HOUSING AUTHORITY OF BILLINGS**  
2415 1st Avenue North  
Billings, MT 59101

**TYPE OF CHANGE:**

_____	ADDRESS	_____	FAMILY COMPOSITION
_____	INCOME	_____	ELDERLY/DISABLED STATUS
_____	NAME	_____	PREGNANT

SOCIAL SECURITY NO. \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DID YOU APPLY USING ANOTHER NAME? IF SO, WHAT NAME DID YOU USE? \_\_\_\_\_  
\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

**HOUSEHOLD MEMBERS:**

NAME	RELATIONSHIP	SEX	DOB	SS#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MONTHLY INCOME:**

NAME	AMOUNT	SOURCE
_____	_____	_____
_____	_____	_____

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**If you are adding an adult member to your Household, it is required that a picture ID be attached to this Change Form**