

HOUSING AUTHORITY OF BILLINGS
2415 1ST AVE. NORTH
BILLINGS, MT 59101
Phone: 406-245-6391 Fax: 406-245-0387
www.billingsha.org

-WAITLIST INFORMATION CHANGE FORM-

Changes to your application will not be processed without a signed waitlist information change form.

Complete the following information:

Full Name (First and Last): _____

Full SSN (Social Security Number): _____

Email Address (if applicable): _____

Please complete changes that have occurred since you applied.

TYPE OF CHANGE (CHECK BOX)

MAILING ADDRESS _____ PHONE # _____ HOUSEHOLD MEMBERS _____

DISABLED STATUS _____ NAME _____ PREGNANCY STATUS _____

Did you apply under another name? If so, what name was used? _____

New Address: _____ PH#: _____

City: _____ State: _____ ZIP: _____

ADD HOUSEHOLD MEMBER(S):

NAME	RELATIONSHIP	SEX	DOB	SS#

REMOVE HOUSEHOLD MEMBER(S):

NAME	RELATIONSHIP	SEX	DOB	SS#

SIGNATURE _____

DATE _____

