

WASHOE HOUSING AUTHORITY

1588 Watasheamu Drive
Gardnerville, Nevada 89460
775-265-2410 800-249-4942

Annual Wait List Update

Applicant:

_____ Last _____ First _____ Middle _____ Suffix _____

Address:

_____ Street _____ City _____ State _____ Zip _____

Mailing Address:

_____ Street _____ City _____ State _____ Zip _____

Phone:

_____ Home _____ Work _____ Cell _____

E-Mail:

I. Family Composition: Persons Residing in the Household

	Name	Relation	Occupation	Date of Birth	Sex
1	Head of Household				
2					
3					
4					
5					
6					
7					
8					
9					
10					

II. I am still interested in and would like to remain on the wait list for the (initial next to the applicable WHA program)

_____ Low Rent Program

_____ Mutual Help Program

I understand that the WHA does not require income information, verification or background checks for Annual Wait List Updates. Although at the time of unit/assistance offer, I will be required to provide this information in order to determine eligibility. I further understand that I may not be eligible at that time and will then be removed from the wait list.

Applicant Signature

Date

The information that I have provided is true and correct to the best of my knowledge.

Applicant Signature

Date

I understand that if additional information is required I will have 30 days from the date of written request to submit this information or be removed from the wait list.

Applicant Signature

Date

Additional notes or comments (please include initials and date): _____
