Phone (801) 399-8691

Weber Housing Authority CHANGE FORM (Waiting List Update) Please print clearly



FAX: (801) 399-8690

YOUR NAME:			Social Security Number	
PLEA	SE CHECK ALL INF	ORMATION	BELOW THAT YOU WISH TO REPORT:	
	I would like to report a change of address:			
	I would like to report	t a change of p	hone number:	
	I would like to report an income change:			
	Please add/remove th	ne following in	dividuals to my waiting list application:	
	Other Change:			
			ode makes it a criminal offense to make willful false statements of the U.S. as to any matter within its jurisdiction.	
			y on the application must read the Certification above and sign	
By my	signature below, I acknow	wledge that I hav	ve read and understand the certifications above:	
Head of Household Signature Date		Date	Spouse or Other Adult Signature Date	
	amily Member Signature	Date	Adult Family Member Signature Date	

The Weber Housing Authority (WHA) shall not discriminate against anyone because of race, color, sex, religion, familial status, disability, national origin, and marital status, source of income or sexual orientation in providing housing assistance. Information regarding race or ethnicity is for statistical information only. Information provided to WHA will be kept confidential and used solely to determine housing eligibility and unit type.