



CITY OF GARDEN GROVE
HOUSING AUTHORITY

WAITING LIST UPDATE FORM

HOUSING APPLICATION NUMBER: _____ (Six-digit number from your Waiting List letter)

HEAD OF HOUSEHOLD NAME: _____

HEAD OF HOUSEHOLD SOCIAL SECURITY NUMBER: _____

WHAT CHANGE(S) ARE YOU REPORTING [Please mark box(es)]

☐ ADDRESS:

New Physical Address:

(Street Address)

(City, State and Zip Code)

New Mailing Address:

(if different) :

(Street Address)

(City, State and Zip Code)

☐ TELEPHONE:

New phone number: _____

☐ FAMILY SIZE:

Only list person(s) to be included in the application.

Full Name	Relationship to Head/Household	Date of Birth	Gender (circle)	Citizenship Status (circle)	Social Security Number
	SELF		M F	C R O	
			M F	C R O	
			M F	C R O	
			M F	C R O	
			M F	C R O	
			M F	C R O	
			M F	C R O	
			M F	C R O	

C= Citizen; R=Legal Resident; O=Other

☐ INCOME CHANGE:

Gross yearly amount: _____

☐ OTHER CHANGES:

Please specify below:

Please complete next page



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Please answer **ALL** of the following questions by circling Y for "Yes" or N for "No".

- | | | |
|---|---|---|
| 1. Do you live or work in Garden Grove? | Y | N |
| 2. Are you a Victim of Domestic violence? | Y | N |
| 3. Are you or your spouse a U.S. Veteran with an Honorable Discharge? | Y | N |
| 4. Are you interested in the Project Based Voucher Program? | Y | N |

BE SURE TO COMPLETE AND SIGN THIS PAGE TO ENSURE YOU RECEIVE ANY PREFERENCES FOR WHICH YOU ARE ELIGIBLE

I understand that this Waiting List Update Form is not an application for the Garden Grove Housing Authority (GGHA) section 8 waiting list. This form is only for current applicants that need to update their application.

I understand that if my application status is active, GGHA will contact me by mail once my name reaches the top of the waiting list.

I understand that it is my responsibility to report any changes in the application (address, family composition, etc.) to GGHA by completing a "Waiting List Update Form."

I understand that failure to respond to a notice from GGHA will result in my termination from the Section 8 Program and my name will be removed from the waiting list.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful statements or misrepresentations to any department or agency of the United States as to matters within its jurisdiction.

By signing this certification, I certify under penalty of perjury that ALL of the information contained in this document is true and correct. I understand and acknowledge that making false statements on this document is a FELONY under Title 18, Section 1001 of the United States Code and laws of the state of California (Penal Code Sections 115, 118, 487, 532).

Print Name of Head of Household

Signature of Head of Household

Date