

# PASCUA YAQUI TRIBE

## HOUSING DIVISION

### WAITING LIST CHANGE REQUEST



The request to change any information within the Waiting List file can only be completed by the Applicant.

Name of Applicant: \_\_\_\_\_ Last 4 digits of your Social Security #: \_\_\_\_\_

#### REQUEST TO CHANGE IN:

☐ Household \_\_\_\_\_ Add &or \_\_\_\_\_ Remove ☐ Address: \_\_\_\_\_ Living &or \_\_\_\_\_ Mailing

☐ Contact Information: \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_ Message # \_\_\_\_\_

#### ADD TO HOUSEHOLD:

**Copies of Birth Certificates, Social Security Cards and ID is required for processing your request.**

NAME	Relation to Applicant:	Date of Birth	Social Security #:	Enrolled Yes or No	Employed Yes or No
1.					
2.					
3.					
4.					
5.					

#### REMOVE FROM HOUSEHOLD:

Name	Date of Birth
1.	
2.	
3.	
4.	
5.	

#### CHANGE OF ADDRESS:

Living Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### CHANGE OF PHONE NUMBERS:

Home #:( ) Cell #:( )  
Message #:( ) Message #:( )

I, \_\_\_\_\_ request to have the above stated information changed within the Waiting List.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICIAL USE:

Received By:	Signature:	Date Received:	Receipt #:

PLEASE TIME STAMP