



INCLUSIONARY HOUSING WAITLIST INFORMATION UPDATE FORM

ATTENTION: This form is only for individuals currently on the City's waitlist with an identification number.
THIS IS NOT AN APPLICATION TO BE PLACED ON THE WAITLIST.

Previous contact information

Name: _____

Mailing address: _____
Street number Street name City State Zip code

Phone: (_____) _____ Cell:(_____) _____ Work:(_____) _____

Email: _____

New contact information

Name: _____

Mailing address: _____
Street number Street name City State Zip code

Phone: (_____) _____ Cell: (_____) _____ Work: (_____) _____

Email: _____

Income and preferences

Total household annual income: \$ _____

Requested bedroom count (e.g., studio, one bedroom, etc.): _____

Total adults to live in unit: _____

Total children to live in unit: _____

Signature: _____ Date: _____

Printed name: _____