

## **Waitlist Update Form**

Complete the following information and mail to: PHB Preference Policy Waitlist, 1900 SW 4th Ave, Suite 7007, Portland, OR 97201. Changes from this form will be made to the N/NE Preference Policy Rental Housing Waiting List.

Participant Information			
Name:		Reference ID: _	
Address:			
E-mail:			
Telephone Number:			
Please identify the information	ation you are reporting that	t has been changed	J.
☐ <b>Homeless</b> – If yes, ma	iling address:		
$\hfill\Box$ Change of Address $-$	Effective date of change:		
New Address:			
☐ Change of Contact In	formation		
New Phone Number:			
New E-mail:			
		ehold member belo	
Name	Relationship to Head of Household	Date of Birth	Check One Box
	nead of nousefloid		☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
•	n provided is true and com to verify all information rep	•	
Signature		Date	
Date Updated		Employee Signature	

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