

WAITING LIST CHANGES

NAME OF APPLICANT: _____

LAST 4 OF YOUR SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

(PLEASE COMPLETE THIS ENTIRE FORM IN ORDER TO UPDATE YOUR INFORMATION)

NEW ADDRESS:

STREET: _____

CITY/STATE/ZIP

MAILING: _____

CITY/STATE/ZIP

NEW PHONE: _____

ANNUAL INCOME: \$ _____

NUMBER OF FAMILY MEMBERS: _____

LIST THE NAMES OF ALL PERSONS THAT YOU ARE **ADDING** TO OR **DELETING** FROM THE APPLICATION:

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

ARE YOU OR YOUR PRESENT SPOUSE A VETERAN? YES ☐ NO ☐

ARE YOU HANDICAPPED OR DISABLED? YES ☐ NO ☐

ARE YOU CURRENTLY WORKING IN OCEANSIDE? YES ☐ NO ☐

SIGNATURE: _____ DATE: _____

321 N. NEVADA ST OCEANSIDE, CA 92054 760-435-3360 FAX: 760-754-8918
MAILING ADDRESS
ATTN: WAITING LIST 300 N. COAST HWY OCEANSIDE, CA 92054

Last Name

First Name

Date of Application