

WAITING LIST CHANGES

NAME OF APPLICANT: _____
LAST FIRST MIDDLE

LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER: xxx - xx- _____

DATE OF BIRTH: _____

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

ADDRESS

WHERE YOU CURRENTLY **LIVE**: _____

CITY/STATE/ZIP

WHERE YOU CURRENTLY **RECEIVE MAIL**: _____

CITY/STATE/ZIP

PHONE NUMBER: _____

MONTHLY INCOME: \$ _____

NUMBER OF FAMILY MEMBERS **INCLUDING YOURSELF**: _____

LIST THE NAMES OF ALL PERSONS THAT YOU ARE **ADDING** TO OR **DELETING** FROM THE APPLICATION: *(Please do not re-list people who are already on your original application)*

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	ADD/DELETE
_____	_____	_____	ADD/DELETE
_____	_____	_____	ADD/DELETE
_____	_____	_____	ADD/DELETE

PLEASE CHECK YES OR NO

- ARE YOU OR YOUR PRESENT/DECEASED SPOUSE A VETERAN YES NO
- ARE YOU HANDICAPPED OR DISABLED? YES NO
- ARE YOU CURRENTLY WORKING IN OCEANSIDE? YES NO
- ARE YOU HOMELESS OR AT IMMEDIATE RISK OF BECOMING HOMELESS? YES NO
- ARE YOU LIVING IN AN INSTITUTIONAL SETTING? YES NO
- ARE YOU AT RISK OF BEING INSTITUTIONALIZED? 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

