



Waiting List Change of Information

Please complete this form, and bring or mail to our office at: 650 West 100 North, Provo, Utah, 84601.

Applicant Name: _____

Co-Applicant Name: _____

1. If changing your address, please complete the following:

Previous Address: Street & Apt #: _____

City, State, Zip: _____

Current Address: Street & Apt #: _____

City, State, Zip: _____

2. If you are now receiving disability and you were not previously, please state the amount and from which source: \$ _____

3. If you are reporting another source of income which was not listed on your initial application, please state the amount and from which source: \$ _____

4. If you wish to add another person (or persons) to your household please list the following information. You will also need to provide a readable copy of the social security card for that individual(s).

a. Full Name: _____

Relationship to Applicant: _____

Sex: M/F Race: _____ Place of Birth: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

b. Full Name: _____

Relationship to Applicant: _____

Sex: M/F Race: _____ Place of Birth: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

5. If you are now employed within the Provo city limits, which will change your Provo residency status, please state the name and address of your current Provo employer: _____

