

**Section 8 Wait List
Change of Information Form**

Name: _____ Social Security #: _____
(Please Print Clearly)

New Mailing Address: _____

Current Telephone #: _____

*****You must attach documentation for the preference point to be applied*****

I now qualify for the job market preference point:

- ___ I am employed over 15 hours per week (attach copy of current paystub)
- ___ I am receiving SSI or SSD (attach copy of current award letter)
- ___ Head of Household is currently receiving unemployment (attach copy of proof)
- ___ Head of Household is now 62 years of age or older

Other Applicable Preference Points:

- ___ I currently reside in the city of Schenectady (attach copy of lease or national grid bill)
- ___ I currently reside in the county of Schenectady (attach copy of lease or national grid bill)
- ___ I am a veteran with an honorable discharge (attach copy of honorable discharge form)
- ___ I am currently a victim of domestic violence

Applicant Signature

Date