



Preference Update and Family Composition Change Form Housing Choice Voucher Program & Public Housing Program

Head of Household Information:		
Full Name:		SSN:
Date:		DOB:
Complete Address: Street, City, State and zip		
Home Phone: Include area code		Cell Phone: Include area code
<input type="checkbox"/>	None	This family has none of the preferences listed on the preference update form.
<input type="checkbox"/>	Graduate of Transitional Housing Program	Graduates of Transitional Housing: This preference is available for families whose head and/or spouse/co-head, with adult member(s) who are graduates of a transitional housing program. The FWHA will require documentation from the agency or institution providing the education or training.
<input type="checkbox"/>	Resident Living/Working in Fort Wayne	A "residency" preference for a family that resides within the city limits of Fort Wayne, IN (or up to 5 miles outside of city limits), or includes a family member who works, or has been notified that they are hired to work in that geographic area.
<input type="checkbox"/>	Working/Social Security/SSI Preference	A preference for "working" families, where the head, spouse, co-head, or sole member is employed. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given this benefit of working preference [24 CFR 930.206(b)(2)]. ___ I (and my spouse) am/are at least 62 years old or older; ___ I (and my spouse) am/are a person with disabilities; and/or ___ I (and/or my spouse) am/are working at least 20hr/wk. ___ I (and/or my spouse) am/are working less than 20hr/wk.

Public Housing Preferences:

<input type="checkbox"/>	Elevated Blood Lead Level Preference	I have a child under the age of seven in my household who has a blood lead level of 45 ug/dl or greater ; or their doctor is requiring chelation therapy due to an elevated blood level. And I have a referral form the Allen County Health Department.
<input type="checkbox"/>	Veteran Preference	I am a veteran or surviving spouse of the U.S. Armed Forces or U.S. Coast Guard.
<input type="checkbox"/>	Victim of Domestic Violence	A preference for a family that includes a family member who is a victim of domestic violence.

ADDITIONAL INFORMATION REQUIRED ON BACK

Please list any changes in family composition:

<input type="checkbox"/>	<input type="checkbox"/>	Move In	<input type="checkbox"/>	<input type="checkbox"/>	Move Out	Relation to you:			
Full Name:					DOB:				
SSN:					Sex:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Reason:									

<input type="checkbox"/>	<input type="checkbox"/>	Move In	<input type="checkbox"/>	<input type="checkbox"/>	Move Out	Relation to you:			
Full Name:					DOB:				
SSN:					Sex:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Reason:									

<input type="checkbox"/>	<input type="checkbox"/>	Move In	<input type="checkbox"/>	<input type="checkbox"/>	Move Out	Relation to you:			
Full Name:					DOB:				
SSN:					Sex:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Reason:									

<input type="checkbox"/>	<input type="checkbox"/>	Move In	<input type="checkbox"/>	<input type="checkbox"/>	Move Out	Relation to you:			
Full Name:					DOB:				
SSN:					Sex:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Reason:									

<input type="checkbox"/>	<input type="checkbox"/>	Move In	<input type="checkbox"/>	<input type="checkbox"/>	Move Out	Relation to you:			
Full Name:					DOB:				
SSN:					Sex:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Reason:									

Signature

Date