

**HOUSING AUTHORITY OF THE CITY OF CEDAR FALLS  
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM  
WAITING LIST CHANGE OF INFORMATION FORM  
220 Clay Street, Cedar Falls, Iowa 50613  
Tel. # 319-273-8669 Fax # 319-268-5196**

**Please print clearly**

Name of Head of Household on Application: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth:            Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Change in Address**

New Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Effective date of new address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Work, cell, or message #: \_\_\_\_\_

**Change in Household Composition**

Name	Age	Relationship	Circle as appropriate
_____	_____	_____	Add/Remove
_____	_____	_____	Add/Remove
_____	_____	_____	Add/Remove
_____	_____	_____	Add/Remove

**Change in Marital Status**

\_\_\_\_\_ Separated (Date) \_\_\_\_\_

\_\_\_\_\_ Divorced (Date) \_\_\_\_\_

\_\_\_\_\_ Married (Date) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please MAIL or FAX this form to the address/fax number above, or bring to the office.**

**FOR OFFICE USE ONLY**

Date Change Entered: \_\_\_\_\_ Completed by: \_\_\_\_\_ Date: \_\_\_\_\_