

YES, I am still interested in rental assistance.

HEAD OF HOUSEHOLD (APPLICANT) (Please fill out completely):

Prince William County Office of Housing and Community Development

15941 Donald Curtis Drive, Suite 112

No, I am no longer interested in obtaining rental assistance

Woodbridge, VA 22191 **PHONE:** 703-792-7530 **FAX:** 703-792-4978

www.pwcgov.org/housing

HOUSING CHOICE VOUCHER (SECTION 8) WAITING LIST UPDATE

Name: Last			First				MI		
Date of Birth:	Phone I	Number:		SSN:					
Address: Zip Code:									
Address, City, State									
PREFERENCE:									
Preference 1: Applicants w	ho live or work in F	PWC and are:							
Elderly (a family whose head or spouse or sole member is a person who is at least 62 years Old)									
Non-elderly person with disabilities who are transitioning out of institutional or other segregated settings, at									
, ·			encing homelessn			0 0	•		
			ng or rapid rehous						
homelessness		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 - 1	01, -,				O	
Disabled (a disabl	ed family is a fami	ly whose Head of	Household, spouse	or sole	membe	r is a person wi	th disabiliti	ies)	
Graduate of a Tra	nsitional Housing	g Program							
Victim(s) of Dome	estic Violence								
Homeless									
Preference 2: Applicants w	ho live or work in I	PWC							
Preference 3: Applicants of	flive or work in the	Commonwealth	of Virginia						
Preference 4: Applicants w	ho do not qualify f	or Preferences 1	, 2 or 3						
	Adult(A)	Date of	SSN #		Race		Change		
Name	or	Birth		Sex		Relation	Add	Remove	

attach page for additional household members

Signature:	Date:
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Child(C)