

For Office Use
Entered _____
Entered _____

Housing Authority - County of Monterey  
 123 Rico Street, Salinas, Ca 93907  
 Phone: (831) 775-5000 • Fax: (831) 424-9153 • TTD: 831-754-2951

**INFORMATION UPDATE / INQUIRY FORM**

**Wait List Status Update**

- Status Request
- Address Change
- Add/Remove Family Member. Total in Fam \_\_\_\_
- Preference Change

**Current Participant**

- Change in Income
- Change in Family
- Other \_\_\_\_\_(specify)

**NOTE CHANGES IN COMMENTS SECTION**

**Your Information**

Full Name: \_\_\_\_\_ Head of Household (if different) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Verify Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Application #* \_\_\_\_\_

**If Change of Address:**

Previous Address	New Address

**Comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ *Over Please*

