



# WESTLAND HOUSING COMMISSION

32150 Dorsey Road, Westland, MI 48186  
Phone: 734.793.9399 Fax: 734.595.1680 Email: WHC@cityofwestland.com



## 2021 HCV Online Waiting List Applicants – Information Change

revised 04.30.2021

Today's Date	
Social Security Number	
Name on Application	

I have the following changes to my application: (check only the **CHANGES** you are reporting)

<input type="checkbox"/>	Name <i>change</i> due to <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Other _____ New Name: _____
<input type="checkbox"/>	Family Members <i>change</i> – write the names <input type="checkbox"/> Add _____ SSN: _____ Birth date: _____ Gender: <u>  </u> <u>  </u> Relation: _____ <input type="checkbox"/> Remove _____
<input type="checkbox"/>	Head of Household Disability Status <i>change</i> <input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled
<input type="checkbox"/>	Employer <i>change</i> - If your employer is in the <b>City of Westland</b> , you <b>MUST</b> provide documentation of your employment. Employer Name & Address _____
<input type="checkbox"/>	Residency Address <i>change</i> - If your new address is in the <b>City of Westland</b> , you <b>MUST</b> provide a copy of the front and back of your Michigan <b>Driver's License or State ID</b> .  New Address _____ City _____ State _____ Zip _____  Old Address _____
<input type="checkbox"/>	Phone Number <i>change</i> – New Phone # ( _____ ) _____ - _____
<input type="checkbox"/>	Email Address <i>change</i> – New Email _____ @ _____
<input type="checkbox"/>	Other <i>change</i>

**x** \_\_\_\_\_ Date \_\_\_\_\_

### Applicant Head of Household Signature

It is your responsibility to notify the WHC, in writing, of all changes to your application.  
It is your responsibility to keep copies of all changes you report to the WHC and proof of delivery.  
You may hand deliver, mail, email or fax this form to the contact information at the top of this form.

<b>WHC use only:</b> Date Received: _____ Date Updated HDS: _____ Staff Initials: _____
<input type="checkbox"/> Wait List Info Updated <input type="checkbox"/> Preference Updated <input type="checkbox"/> Verification Letter Sent On: _____