



TACOMA HOUSING AUTHORITY

WAIT LIST UPDATE FORM

THA Form (#)

Section 8 Public Housing

Name _____ SSN _____

Current Mailing Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

Income Changes

- Income has increased
 Income has decreased

Current Household Income _____

Source of Income _____

Add a Person

Name _____ SSN _____

Date of Birth _____ Sex _____

Remove a Person

Name _____ SSN _____

Date of Birth _____ Sex _____

Office Use Only

Client# _____ Updated By _____ Date _____

NOTE: Please list any additional income on a separate piece of paper or on the back of this form. Please list any other changes if applicable.