



1400 North Reagan Street  
P.O. Box 1900  
San Benito, TX 78586  
Office: (956) 399-7501  
Fax: (956) 399-5413  
[www.sanbenitohousing.com](http://www.sanbenitohousing.com)  
English / Inglés

**Waiting List Application Changes**

(Please check the appropriate program)

\_\_\_ *Section 8*      \_\_\_ *Public Housing*      \_\_\_ *Stone Village*

Name: \_\_\_\_\_ Application #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Change of Address (old): \_\_\_\_\_

(Mailing address) \_\_\_\_\_

(New): \_\_\_\_\_

Change of Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Employed: \_\_\_ Yes \_\_\_ No      Veteran: \_\_\_ Yes \_\_\_ No

Victim of Domestic Violence: \_\_\_ Yes \_\_\_ No

Employer: \_\_\_\_\_ Work#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Employer: \_\_\_\_\_ Work#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Is Head of Household or spouse employed in San Benito? \_\_\_ YES \_\_\_ NO

Student Status: \_\_\_ Yes \_\_\_ No

College/School: \_\_\_\_\_

**Adding or Removing Family Members: (Family Composition)**

1. \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ ADD \_\_\_\_\_ Remove \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ ADD \_\_\_\_\_ Remove \_\_\_\_\_

3. \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_ ADD \_\_\_\_\_ Remove \_\_\_\_\_

Other changes explain:

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

\_\_\_\_\_  
**Applicant Signature**

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

\_\_\_\_\_  
**PHA Representative**

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

The San Benito Housing Authority is committed to compliance with Equal Housing Opportunity, the Fair Housing Act and the American with Disabilities Act. Reasonable accommodations and equal access to communications will be provided upon request.





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**Cambios de la aplicación de lista de espera**

(Por favor marque el programa apropiado)

\_\_\_ *Sección 8*    \_\_\_ *Vivienda pública*    \_\_\_ *Stone Village*

Nombre: \_\_\_\_\_ Número de Identificación: \_\_\_\_\_

Correo electrónico: \_\_\_\_\_

Cambio de dirección (anterior): \_\_\_\_\_

Dirección donde quiere recibir cartas: \_\_\_\_\_

(nuevo): \_\_\_\_\_

Número de teléfono: Casa: \_\_\_\_\_ Celular: \_\_\_\_\_ Trabajo: \_\_\_\_\_

Esta empleado(a): \_\_\_ SI \_\_\_ NO    Es Veterano: \_\_\_ SI \_\_\_ NO

Es Víctima de Violencia Domestica: \_\_\_ SI \_\_\_ NO

Empleador: \_\_\_\_\_ numero de trabajo: \_\_\_\_\_ fax#: \_\_\_\_\_

Empleador: \_\_\_\_\_ numero de trabajo: \_\_\_\_\_ fax#: \_\_\_\_\_

Esta la cabeza de la familia o cónyuge empleado en San Benito? \_\_\_ SI \_\_\_ NO

Estado de estudiante: \_\_\_ SI \_\_\_ NO

Universidad/Escuela: \_\_\_\_\_

Miembros de la familia: \_\_\_ Agregar \_\_\_ Quitar

1. \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_ no. de seguro social \_\_\_\_\_

2. \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_ no. de seguro social \_\_\_\_\_

3. \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_ no. de seguro social \_\_\_\_\_

Otros cambios por favor explique:

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

\_\_\_\_\_  
Firma de solicitante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma de PHA representante

\_\_\_\_\_  
Fecha

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