



Reinstatement Request to Waiting List

Name: _____ Social Security No. (Last 4) _____

Previous Address: _____

Current Address: _____

If new address, please provide date address changed: _____ (MM/DD/YYYY)

Telephone Number: (____) _____ - _____ Email address _____

I am requesting to be reinstated to the following waitlist(s): _____

Applicants who are removed from the waiting list are not entitled to be reinstated on any waitlist, unless qualified for extenuating circumstances and request a reinstatement within 10 business days from the waiting list removal.

Extenuating Circumstances are as follows (requests for other reasons will be denied):

- A verifiable family/health/work emergency, or
- A verifiable family member's disability or death

In verified extenuating circumstances, as listed above, the applicant may be reinstated. However, the applicant must be able to provide documentation of the circumstances coinciding with the removal from the waiting list. Such requests will be reviewed on a case-by-case basis.

If you believe one of the extenuating circumstances described above applies to you, please complete this form and mail to PO Box 1787, San Bernardino CA 92408.

Documentation to support such circumstance must be attached with your submission within 10 business days of waiting list removal.

Reason for request (please select one):

- Medical Family Emergency (example death) Employment Emergency

Documents attached (please select one):

- Medical documentation confirming illness with specific dates and timeframes
- Employer letter confirming work emergency with specific dates and timeframes
- Copy of obituary

Applicant Signature

Date

For HACSB Use Only

- Approved Denied

Supervisor Signature Date