



Request for Reinstatement to a Waiting list

Name _____

Last 4 Social Security number _____

Current Address _____ City _____ Zip _____

Telephone # _____

I request to be reinstated to the _____ waiting list.

I am available to meet on

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Applicants who are removed from the waiting list are not entitled to reinstatement on the waiting list, unless:

- ✓ The Housing Authority verifies a family/health/work emergency, or
- ✓ The applicant failed to respond because of a family member's disability

In extenuating circumstances, such as a long-term illness or other family emergency, the applicant may be reinstated. However, the applicant must be able to provide documentation of the circumstances. Such requests will be reviewed on a case-by-case basis. If you believe the extenuating circumstances as described above apply to you, documentation to support such circumstances must be submitted at your scheduled interview.

- Supporting documents of my extenuating circumstance are attached.

Signature

Date

FOR OFFICE USE ONLY

Office appointment: _____ Time _____

