



WAITLIST APPLICANT INFORMATION CHANGE FORM

(Please Print All Information)

Applicant Name _____ Social Security No.: xxx - xx - _____

NEW INFORMATION: (Please Print Clearly)

Street Address _____	APT _____
City _____	State _____ Zip Code _____
Email Address _____ @ _____ . _____	
Phone Number _____	Alternative Phone Number _____

PREVIOUS INFORMATION: (Please Print Clearly)

Street Address _____	APT _____
City _____	State _____ Zip Code _____
Email Address _____ @ _____ . _____	
Phone Number _____	Alternative Phone Number _____

Applicant Signature: _____ Date: _____

Mail To:

DHC Customer Service Center
Attention: HCVP Waitlist Update
2211 Orleans, Detroit, MI 48207

OR

Email To:

Waitlist@dhcmi.org

Office Only:

Date Received _____ Date Entered in System: _____ Staff Signature: _____



"Equal Housing Opportunity"



DHC will provide a reasonable accommodation to a qualified individual with a disability by providing modifications, alterations or adaptation in policy, procedures, practices. Please advise us if you require a reasonable accommodation.