

Application Preference Removal Form

Applicant Information

Date		Last 4 of SSN
Name (print)		
Home Telephone		Work Telephone
Email Address		
Current Address		
City	State	Zip Code

Please check the preference(s) that you wish to remove from your application for housing assistance:

Working Preference
 Involuntary Displacement Preference

Please provide your reason for removing the above preference(s) from your application:

By signing below, I understand that Opportunity Home will permanently remove the above checked preference(s) from my application for housing assistance. I also understand that the removal of one or more preferences from my application will result in my name being placed on the waiting list in the order I would have been ranked without the preference(s).

Applicant Signature

Date