

Application Preference Removal Form

Applicant Information

Date	Last 4 of SSN	
Name (<i>print</i>)		
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