COMMERCE

Montana Housing Choice Voucher - Section 8 Waiting List - INFORMATION CHANGE FORM

This is NOT AN APPLICATION For the HCV Section 8 Waiting List

Mail To:

Department of Commerce
Montana Housing – HCV Section 8
PO Box 200545
Helena, MT 59620-0545
Phone: 406-841-2830
Fax: 406-841-2810

Type of Change (check all that apply)

_____ Name Change or Addition
_____ Address Change
_____ Phone Change or Addition
_____ Income Change
_____ Family Change or Addition
_____ Changing Areas/District _____
(if transferring, to what city?)

Head of Household Name: _____

Head of Household SSN: _____

Mailing Address: (REQUIRED) _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

- You have the right to include contact information for a person or organization that may be able to help you resolve any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You are not required to provide contact information, but if you choose to do so, please include the information on this form.

Alternative Contact Name: _____

Alternative Contact Mailing Address: _____

City, State, Zip Code: _____ Phone: _____

HOUSEHOLD MEMBERS

NAME	BIRTHDATE	SEX	SOCIAL SECURITY #	RELATIONSHIP	DISABLED
				SELF/HOH	

INCOME

AMOUNT	SOURCE	HOURLY, MONTHLY or YEARLY

SIGNATURE: _____ **DATE:** _____

YOU ARE RESPONSIBLE to notify Montana Housing of any changes to your current mailing address and phone number.
If you cannot be contacted, your name will be removed from the Waiting List and YOU MUST REAPPLY

Revised 07/2025