MIAMI-DADE HOUSING AGENCY
Applicant Leasing Center
2925 NW 18th Avenue Miami, FL 33142
Phone 305-638-6464 • Fax 305-634-0426
TDD 305-638-6014

WAITING LIST
CHANGE OF FAMILY SIZE OR
SPECIAL UNIT REQUIREMENT FORM

Client Number

HEAD OF HOUSEHOLD INFORMATION

First name

Middle Last Name

Date of Birth (mm/dd/yyyy)

OTHER OCCUPANTS

First Name	Last Name	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)	Sex (M) Male (F) Female

SPECIAL UNIT REQUIREMENT

Are you or any member(s) of your family a person with a disability (mobility, vision, or hearing impairment) that needs an accessible unit? **Yes** ☐ **No** ☐

I declare that the information provided on this form is true and correct.

_____ Signature of Head of Household

_____/_____/_____ Date (mm/dd/yyyy)

PLEASE FAX OR MAIL THIS FORM TO THE MIAMI-DADE HOUSING AGENCY'S APPLICANT LEASING CENTER AT THE ADDRESS OR FAX ABOVE.

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