

Employer Address

Name of Household Member Who is Employed: _

For Dept. Use Only:	

ait List Update				
	Head of Hoเ	sehold Information		
				_XXX-XX
Last	First	Middle Initial		Last 4 of SSN
	Mailing A	Address Update		
Street	Apt./Unit	City	State	Zip
Sileet	Apt./Offit	City	State	Ζιρ
	Physical	Address Update		
Street	Apt./Unit	City	State	Zip
	Emplo	yment Update		
Employer Name				

Provide proof of address change and/or proof of city of Janesville employment within 14 days of submitting the Wait List Change form.

Acceptable documentation includes but is not limited to: driver's license, State or Federal identification card, lease, utility bill, social security statement, or check stub. You may submit your proof in person or via fax as noted below.