



TERMINATION FROM ABC HOMELESS HOUSING WAITLIST

This form is to be used for applicants that no longer qualify for ABC's Housing Programs. Only use this form if you want the applicant's name REMOVED from the ABC Homeless Housing Waitlist. Please complete and fax this form to:

ABC Housing Waitlist
FAX # 602-712-9222

Applicant's Name _____ CIS I.D. # _____
Social Security # _____ Date of Birth _____
Case Manager _____ Site _____

Please terminate this applicant's homeless housing application and remove his/her name from the homeless housing waiting list for the following reason:

- Moved out of the state of Arizona or Maricopa County
- In jail or prison longer than 30 days
- Currently refusing housing
- No longer enrolled in the R.B.H.A./ Closed in the system
- Deceased
- Not currently ready for independent housing
- Living with family or friends
- Living in their own home
- Living in Section 8/ subsidized apartment
- Living in a supervisory care home.
- Living in adult residential 24 Hr / 16 Hr / P.A.H.
- Currently in hospital and not ready for independent living at this time.
- Not able to locate after several attempts
- Other (please give reason) _____

Completed by:
Case Manager/Clinical Liaison _____ Date _____