



REGIONAL HOUSING AUTHORITY

Serving the Cities of Live Oak, Yuba City and Colusa • Counties of Sutter, Nevada, Colusa and Yuba

1455 Butte House Road • Yuba City, CA 95993

Phone: (530) 671-0220 • Toll Free: (888) 671-0220 • TTY: (866) 735-2929 • Fax: (530) 673-0775

www.RegionalHA.org

PUBLIC HOUSING APPLICATION CHANGE FORM

APPLICANT NAME (HEAD OF HOUSEHOLD)

LAST NAME _____ FIRST _____ MI _____

ADDRESS AT TIME OF APPLICATION: _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____

I _____ wish to make the following changes to my application:

NEW HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

NEW MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHANGE IN HOUSEHOLD COMPOSITION

List everyone, including yourself, foster children/adult, and live-in attendants who are necessary for the care of a family member. Remember to list everyone who will be living in the home. If you need more space, continue on the back side of this form. You (the applicant/head of household) are to be in the 1st line.

	Last Name	First	MI	Social Security Number	Relation to Head	Sex (M/F)	Birthdate	Age
1					Head			
2								
3								
4								
5								
6								

CHANGE/ADD PREFERENCE

Admission from the waiting list to Low Income Public Housing is based upon local preferences. Please indicate ALL preference categories that relate to your household. **IN ORDER TO RECEIVE PREFERENCE FOR ANY OF THE CHECKED BOXES BELOW, YOU MUST PROVIDE WRITTEN PROOF WHEN YOU TURN IN THIS APPLICATION.**

Elderly/Disabled
Elderly families or a family whose head or spouse is disabled. One form of third-party verification required for disability preference.

Victim of Domestic Violence (Current or within previous 6 months)



Regional Housing Authority is an equal opportunity employer and housing provider



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Must have occurred within the previous 6 months. One form of third-party verification is required: court paperwork, police report, Marsy’s card. The applicant must certify that the abuser will not reside with the applicant unless RHA gave prior written approval.

- Veteran
Member of the household is a service person or a veteran. One form of third-party verification is required: DD214, VA letter, Military ID Card.
- Homeless
Applicants in RHA’s jurisdiction who are homeless, participants in transitional housing programs, shelter programs, or for applicants that are fleeing a domestic violence situation. The homeless preference must be verified by a professional or social service agency.
- I wish to claim NO preference

APPLICANT CERTIFICATION

I/We understand that I/We must provide verification that we are qualified for a preference before the preference point(s) will be granted, if I/we fail to provide verification of preference, I/we will not be placed on the waitlist with the point(s) given for the preference.

I/We certify that the statements made on this Application are true to the best of my/our knowledge and belief and understand that for verification purposes inquiries must be made by the Housing Authority.

WARNING 18 U.S.C. 1001 provides that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry in any manner within the jurisdiction of any department or agency of the United States shall be fined or imprisoned for not more than 5 years, or both.

The Fair Housing Act prohibits discrimination in housing because of Race or color, National Origin, Religion, Sex, Familial Status and Disability. The California Fair Employment and Housing Act prohibits discrimination in housing on these same bases, as well as gender, gender identity, gender expression, sexual orientation, marital status, ancestry, source of income and genetic information.

Discrimination complaints may be filed with California’s Department of Fair Employment and Housing at www.dfeh.ca.gov, or HUD’s office of Fair Housing and Equal Opportunity at www.hud.gov.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Signature _____ **Date** _____

Signature _____ **Date** _____

Signature _____ **Date** _____