



Regional Housing Authority of Sutter and Nevada Counties
 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.rhasnc.org

HCV APPLICATION CHANGE FORM

APPLICANT NAME (HEAD OF HOUSEHOLD)

LAST NAME _____ FIRST _____ MI _____

ADDRESS AT TIME OF APPLICATION _____

CITY _____ STATE _____ ZIP _____

I _____ **WISH TO MAKE THE FOLLOWING CHANGES TO MY APPLICATION**
 (Name of Head of Household)

NEW HOME ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

NEW MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

CHANGE IN FAMILY COMPOSITION

	Last Name	First	MI	Social Security Number	Relation to Head	Sex (M/F)	Birthdate	I WISH TO ADD OR REMOVE THIS PERSON
1								
2								
3								
4								
5								
6								
7								
8								
9								

The Housing Authority is an equal opportunity employer and housing provider.



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PREFERENCE

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 WITH THIS CHANGE FORM.

- Involuntary Displacement (Disaster, Government Action, Inaccessibility, Property Disposition)
- Victim of Domestic Violence (Current or within previous 6 months)
- A member of the household is a service person or Veteran
- Resident who lives in Sutter, Yuba, Nevada or Colusa Counties

- Working Preference (Families with at least one adult who is employed and has been employed for six (6) months; includes households where at least one adult was employed and is now receiving unemployment. This preference is automatically extended to elderly families or a family whose head or spouse is receiving income based on their permanent disability.
- I wish to claim NO preference

ETHICS STATEMENT

HUD requires all prospective tenants and employees to provide the following information:

Do you have a business or personal relationship with any current (or past) employee or board member of the Regional Housing Authority of Sutter and Nevada Counties? No Yes-If Yes, please explain:

APPLICANT CERTIFICATION

I/We understand that I/We must provide verification that we are qualified for a preference and this must be by my/our status at the time we are offered housing assistance. I further understand that if I/We do not qualify for the preference at the time that my/our household is offered housing, my/our preference status will be withdrawn and my/our application will be returned to the appropriate place on the waiting list.

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.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

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