

Regional Housing Authority of Sutter & Nevada Counties

Application Change Form

APPLICANT NAME (HEAD OF HOUSEHOLD)

LAST NAME _____ FIRST _____ MI _____

ADDRESS AT TIME OF APPLICATION _____ APT _____

CITY _____ STATE _____ ZIP _____

I _____ WISH TO MAKE THE FOLLOWING CHANGES TO MY APPLICATION
NAME OF HEAD OF HOUSEHOLD

NEW HOME ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP _____

NEW MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____ **MESSAGE PHONE** _____

CHANGE IN FAMILY COMPOSITION

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

If you are adding a family member, please provide a copy of the social security card, citizenship status, photo ID if over 18, and guardianship

PREFERENCE INFORMATION

Admission to Section 8 and or Public Housing is based upon local preferences. If your situation changes, you may change your preferences at anytime. If you wish to make a change, please indicate **ALL preference categories that relate to your household.** **You must check at least 1 of the following:**

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victim of Domestic Violence
- A member of the household is a service person or a Veteran
- Homelessness
- Resident who lives and/or works in Sutter, Nevada or Colusa Counties
- Participant in Salvation Army Cold Weather Shelter Program, Salvation Army Transitional Housing Program or Casa de Esperanza Transitional Housing Program
- I wish to claim NO PREFERENCE

You must provide WRITTEN proof for any marked preferences when you turn in this form

CHANGE OF INCOME

Complete the information below. You must report all sources of income for all members of your household. Sources of income may include, but are not limited to the following: Employment, V.A. Benefits, Welfare (TANF, Calworks, General Relief), Social Security, SSI, Disability, Unemployment, Scholarships, Worker's Compensation, Pensions, Annuity, Child Support, Alimony, Foster Care, and Grants. Be sure to include contributions or donations to the family from organizations or other persons who do not live with you.

Household Member	Income Type	Rate: (\$ per hour, day, week, month year...)
		\$ Per
		\$ Per
		\$ Per
		\$ Per

CHANGE OF ACCESSIBILITY NEED-FOR PUBLIC HOUSING ONLY

If you or a member of your household is mobility impaired, and you are applying for a PUBLIC HOUSING unit, you may be assigned to an accessible unit at your request, providing such a unit is available.

Please indicate if your family requires an accessible unit.

- No, I/we do not require an accessible unit
- Yes, I/We require an accessible unit (Please indicate below which type)
 - Fully accessible apartment, designed for wheelchair access
 - Other. Please specify

APPLICANT CERTIFICATION

I/We understand that I/We must provide verification that we are qualified for a preference and this must be 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 for Section 8/Public Housing 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 fine or imprisoned for not more than five years or both.

ALL ADULT FAMILY MEMBERS MUST SIGN BELOW

SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____
SIGNATURE _____	DATE _____



The Regional Housing Authority of Sutter and Nevada Counties is an Equal Opportunity Employer and Housing Provider

