



# 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

## CHANGE REPORTING FORM

**Please complete this form to report any general changes such as updated contact information or emergency contact updates. This form should not be used to report income changes or to add/remove household members.**

Name of Head of Household \_\_\_\_\_

Unit Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

### 1. Contact Information Update

**New Email Address (if applicable):** \_\_\_\_\_

**New Phone Number (if applicable):** \_\_\_\_\_

I give permission to the Housing Authority to contact me by text message at this number.

### 2. Emergency Contact Information

Please provide updated emergency contact information:

**Name:** \_\_\_\_\_

**Relationship to Head of Household:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Alternate Phone (if available):** \_\_\_\_\_

**Email Address (optional):** \_\_\_\_\_

### 3. Description of Other Changes

Please describe any other changes you would like to report that are **not** related to income or household composition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Household Information:**

**Mark your responses to the following questions:**

**Have any household members ever:**

Been arrested for, charged with, or convicted of drug-related criminal activity?  YES  NO

Been arrested for, charged with, or convicted of violent criminal activity?  YES  NO

Been arrested for, charged with, or convicted of possession, manufacture, or distribution of a controlled substance?  
 YES  NO

Been arrested for, charged with, or convicted of ANY crime other than a minor traffic violation?  YES  NO

Used any name(s) or Social Security Numbers other than the one currently used?  YES  NO

**If the answer to any of the above is “YES”, please explain:** \_\_\_\_\_

**Please check this box if you are a person with a disability and need help reading or filling out this form. You have the right to ask the Housing Authority to make a reasonable accommodation of any sort to make RHA programs accessible for you. To make such a request, please contact the Housing Authority at (530) 671-0220 or TTY (866) 735-2929 or 711. This document is available in alternative formats. Pattra Runge Section 504 Accessibility Coordinator-(530) 671-0220 x 125**

**Certification:** I do hereby swear and attest that all of the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Housing Authority IN WRITING within 10 days. WARNING! TITLE 18, SECTION 1001, OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date



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

