

# 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
- The Head of Household or co-head is enrolled full time in an accredited education or training program that is designed to prepare them for the job market, or an upward mobility program (Family Self Sufficiency Activity)
- 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

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



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.