

Regional Housing Authority of Sutter & Nevada Counties

Forma para Reportar Cambios

NOMBRE DEL SOLICITANTE (cabeza de familia)

APELLIDO _____ PRIMER _____ IN _____

DOMICILIO CUANDO APLICÓ _____ APT _____

CIUDAD _____ ESTADO _____ Zip _____

I _____ WISH TO MAKE THE FOLLOWING CHANGES TO MY APPLICATION

NOMBRE DEL CABEZA DE FAMILIA

NUEVO DOMICILIO _____ APT _____

CIUDAD _____ ESTADO _____ ZIP _____

NUEVO DIRECCIÓN POSTAL _____

CIUDAD _____ ESTADO _____ ZIP _____

NÚMERO DE TELEÉFONO _____ **TELEÉFONO PARA MENSAJES** _____

CAMBIO DE COMPOSICIÓN DE SU HOGAR

	APELLIDO	PRIMER NOMBRE	IN	NÚMERO DE SEGURO SOCIAL	RELACIÓN	SEXO (M/F)	FECHA DE NACIMIENTO	EDAD	QUIERO AGREGAR O ELIMINAR ESA
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

INFORMACION DE PREFERENCIAS

La admision al programa de seccion 8 y / o viviendas publicas es basada en preferencias locales. Favor de indicar TODAS las categorias de preferencia que relatan a su hogar. **Usted debe marcar al menos 1 de los siguientes:**

- Desplazamiento Involuntario (Desastres, Accion Gubernamental, Accion de Dueno de hogar, la inaccesibilidad, disposicion de propiedades)
- Victima de Violencia Domestica
- El cabeza de familia o co-cabeza esta inscrito por tiemp completo en un programa de educacion acreditada o programa de entrenamiento disenado para prepararlos para el trabajo, o un programa de movilidad ascendente (Actividad de Autosuficiencia Familiar)
- Un miembro de el hogar esta en el servicio o es un veterano
- Falta de vivienda
- Residente que vive y / o trabaja en el condado de sutter, nevada o colusa
- Participante en Salvation Army Cold Wheather Shelter Program, Salvation Army Transitional Housing Program o Casa de Esperanza Transitional Housing Program
- Deseo reclamar qu NO TENGO PREFERENCIA

Para recibir preferencia por cualquiera de las cajas anteriormente marcadas, debera entregar pruebas por escrito al entregar esta solicitud

CAMBIO EN INGRESOS

Complete la siguiente informacion. Usted debe reportar todos los ingresos para todos los miembros de su hogar. Los ingresos pueden incluir, pero no se limitan a lo siguiente: empleo, VA Benefits, Welfare (TANF, CalWorks, General Relief), el Seguro Social, SSI, disability, desempleo, becas, compensacion de trabajadores discapacitados, pensiones, anualidades, manutencion de hijos, pension alimenticia, foster care y concesion. Asegurese de incluir contribuciones o donaciones a la familia de organizaciones o de otras personas que no viven con usted.

Miembro de casa	tipo de ingresos	Ganancia: (\$ por hora, dia, semana, mes, ano...)
		\$ Por
		\$ Por
		\$ Por
		\$ Por

Cambio de necesidad de accesibilidad-para vivienda publica solo

Si usted o algun miembro de su hogar es la movilidad reducida, y esta aplicando para una unidad de vivienda publica, usted puede asignarse a una unidad accesible en su solicitud, proporcionando que una unidad esta disponible.

Por favor indique si su familia requiere una unidad accesible.

- No, Yo/nosotros no requerimos una unidad accesible
- Yes, Yo/nosotros si requerimos un unidad accesible (favor de indicar abajo que tipo)
- Apartamento completamente accesible, disenado para sillas de ruedas.
- Otro. Por favor especifique

CERTIFICACION DEL SOLICITANTE

Yo/Nosotros entendemos que debemos proporcionar verificacion de que calificamos para una preferencia y este debe ser mi/nuestra situacion en el momento que se les ofresca una vivienda o asistencia. Ademas, entiendo que si yo/nosotros no calificamos para la preferencia en el momento en que me/nos ofrecen una vivienda, mi/nuestro estatus de preferencia debe ser retirado y mi/nuestra solicitud sera devuelta al lugar apropiado en la lista de espera.

Yo/nosotros certificamos que las delaraciones hecas en esta solicitud de Seccion 8/Viviendas Publicas son ciertas a lo mejor de mi/nuestro conocimiento y entendemos y comprendemos que investigaciones y verificaciones se deberan hacer por la Autoridad de Vivienda.

ADVERTENCIA: 18 U.S.C 1001 establece que todo aquel que con conocimiento y voluntariamente produce o utiliza un documento o escritura que contenga informacion falsa, ficticia o fraudulenta declaracion o la entrada de cualquier manera dentro de la jurisdiccion de cualquier departamento o agencia de los Estados Unidos sera multado o encarcelado por no mas de cinco anos o ambos.

TODOS LOS MIEMBROS ADULTOS DEL HOGAR DEBEN FIRMAR DEBAJO

Firma _____	Fecha _____
Firma _____	Fecha _____
Firma _____	Fecha _____
Firma _____	Fecha _____



Optional and Supplemental 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.

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

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.	

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.