



**Sacramento
Housing &
Redevelopment
Agency**

701 – 12th Street
Sacramento, CA 95814
(916) 440-1390
TTY (916) 448-9505
www.shra.org

Please complete the following information and mail to the above address

Client # _____

Last name: _____, First name: _____ MI _____

Head of household Social Security Number: _____

PLEASE IDENTIFY THE INFORMATION YOU ARE REPORTING THAT HAS BEEN CHANGED

____ CHANGE OF ADDRESS

Old address: _____	New address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

Daytime phone number: () _____ - _____ Cell Phone/Message number: () _____ - _____

____ CHANGE OF STATUS

Preferences:			
1.	Do you live, work, or have been hired to work in the City or County of Sacramento?	(Circle One)	YES NO
2.	Are you or a family member permanently disabled?	(Circle One)	YES NO
3.	Does your monthly rent & utility payments exceed 50% of your monthly gross income?(Circle one)		YES NO
Current monthly rent \$ _____ Current monthly utilities (Do not include phone and cable) \$ _____			

____ CHANGE OF HOUSEHOLD MEMBERS

What is the total number of people in your household including yourself? # _____

(Please identify if you are adding or removing a household member below)

Name	SN#	Date of Birth	Gender (M/F)	Check one box
_____	_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

If additional space is needed for household members, please use the back of this form.

____ CHANGE OF INCOME

Total monthly gross income for the household: \$ _____

Signature: _____

Date: _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our program and services, please contact the Housing Authority Staff for further information. Our facility is handicap accessible.



Office use only: Mailed by: _____ Date _____ Changes made by: _____ Date _____

