



INVESTING IN COMMUNITIES

**PRE- APPLICATION UPDATE FORM**  
(All household changes must be reported within 30 days)

**Please complete the following information and return to SHRA**  
**Please PRINT clearly in all sections other than the signature line**

Changes from this form will be made in all Conventional and Housing Choice Voucher waitlists.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Prospect Code \_\_\_\_\_

**PLEASE IDENTIFY THE INFORMATION YOU ARE REPORTING THAT HAS BEEN CHANGED**  
(All changes must be reported within 30 days of the change)

Homeless—If yes, mailing address: \_\_\_\_\_

**CHANGE OF ADDRESS** EFFECTIVE DATE OF ADDRESS CHANGE: \_\_\_\_\_

<b>Old Address:</b>	<b>New address:</b>
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____

**CHANGE OF PHONE CONTACT INFORMATION**

Daytime phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone/Message Number ( ) \_\_\_\_\_ - \_\_\_\_\_

OLD EMAIL ADDRESS: \_\_\_\_\_ NEW EMAIL ADDRESS: \_\_\_\_\_

**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 |
| 4. Does anyone in your household qualify as a veteran                                 | (circle one) | YES NO |

**CHANGE OF HOUSEHOLD MEMBERS**

What is the total number of people I your household including yourself? # \_\_\_\_\_

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

<u>Name</u>	<u>Relationship to Head of Household</u>	<u>Date of Birth</u>	<u>Check one box</u>
_____	_____	_____	<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.

