



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: _____

Old Address:	New address:
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.

