

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		ARE REPORTING THA		NGED
☐Homeless—If yes, mailing addr	-	·		
☐ CHANGE OF ADDRESS	EFFECTIVE DATE (	OF ADDRESS CHANGE	:	
Old Address:		New address:		
City:State:	Zip:	City:	State:	Zip:
CHANGE OF PHONE CONTACT				
Daytime phone number: ( )		Cell Phone/Message Nur		
OLD EMAIL ADDRESS:	·	NEW EMAIL ADDRESS	S:	
CHANGE OF STATUS				
Preferences: 1. Do you live, work, or have been l	hired to work in the Cit	v or County of Sacramen	to? (circle one)	YES NO
2. Are you or a family member per		y or county of Sacramen	(circle one)	YES NO
3. Does your monthly rent & utility	payments exceed 50%	of your monthly gross in	come? (circle one)	YES NO
	f people I your househo		Check one box	
	<del>-</del>		☐ Add ☐Remove	
			☐ Add ☐Remove	
			☐ Add ☐Remove	
If additional space is needed for hou	usehold members, please	e use the back of this form	n.	
CHANGE OF INCOME  Total monthly gross income	for the household: \$			
Signature:		Date:		
If you or anyone in your family is a pers	son with disabilities, and y	ou require a specific accom	modation in order to full	y utilize our





program and services, please contact the Housing Authority Staff for further information. Our facility is handicap accessible.