

Vacaville Housing Authority**APPLICATION UPDATE FORM****Be Sure to Complete This Entire Form****PLEASE PRINT AND USE ONLY BLACK OR BLUE INK****● APPLICANT HOUSEHOLD — Required**Name of **Head of Household**: _____ Date of Birth: ____/____/____Sex: Female Male Disabled? Yes No Social Security #: _____ - _____ - _____Has the Head of Household Changed? Yes No If yes, Previous Head of Household Name: _____Check **One** Box: Ethnicity: Hispanic or Latino Not Hispanic or Not LatinoCheck **One** Box: Race: White Black / African American American Indian / Alaska Native
 Asian Native Hawaiian / Pacific Islander**● ADDRESS INFORMATION — Required**

Current Address _____ City, State, Zip _____

Mailing Address (if different) _____ City, State, Zip _____

Phone Number _____ Message Phone _____

● HOUSEHOLD MEMBER(S) (List only those who will be assisted under Section 8)Name: _____ Age: _____ Female Male SS#: _____ - _____ - _____Name: _____ Age: _____ Female Male SS#: _____ - _____ - _____Name: _____ Age: _____ Female Male SS#: _____ - _____ - _____Name: _____ Age: _____ Female Male SS#: _____ - _____ - _____**● INCOME SOURCE (Enter MONTHLY Amount)** Employment \$ _____ Unemployment \$ _____ Welfare \$ _____ Social Security \$ _____ Child Support \$ _____ VA Benefits \$ _____ SSI \$ _____ Other (Specify) \$ _____**● PREFERENCES (Answer each question below)**

Applications are placed on the Section 8 Waiting List based on the circumstances of each family. Below are the preferences that **determine** the position of your application. **Read each preference carefully and mark YES if it applies to you, your spouse, or co-head of household.** If any of the questions below are not answered, we will assume the answer is no. See back of this page for further explanation of preferences.

YES NO **LOCAL RESIDENT** – Do you, your spouse, or co-head of household live or work within the Vacaville City Limits?

YES NO **WORKING** – Do you, your spouse, or co-head of household work? **or** Are either of you currently receiving unemployment? **or** Are either of you a current participant or a recent graduate (within 6 months) of an educational or training program?

YES NO **SENIOR** – Are you, your spouse, or co-head of household 62 or older?

YES NO **VETERAN or ACTIVE MILITARY** – Are you, your spouse, or co-head of household an active member in the U.S. military? Were you, your spouse, or co-head of household honorably, generally or medically discharged from the U.S. military?

YES NO **DISABLED** – Does anyone in your household have a disability as defined by the Social Security Act?

YES NO **DISPLACED BY LOCAL GOVERNMENT ACTION** – Have you been notified that you are required by an agency of the City of Vacaville (local government) to vacate your current unit in Vacaville?

I do hereby certify, under penalty of perjury, that all information I have provided is complete and accurate. I understand that this information will be verified by the Vacaville Housing Authority (VHA) when my name reaches the top of the list.

I understand that I am required to notify the VHA of any changes by completing an Application Update Form. I understand if the VHA cannot contact me at the above address my name will be removed from the waiting list.

I/we hereby authorize the release of any and all information, including that of a confidential or privileged nature, to the Vacaville Housing Authority which may relate to my eligibility to participate in the Section 8 Housing Assistance Program. This authorization encompasses the release of any and all law enforcement agency information, whether in the custody of local, State or Federal law enforcement authorities.

Return to:

Vacaville Housing Authority
40 Eldridge Avenue, Suite 2
Vacaville, CA 95688

Signature: _____ Date: _____

Housing Authority Representative: _____

VACAVILLE HOUSING AUTHORITY

PREFERENCE DEFINITIONS

Applications are placed on the Section 8 Waiting List based on the circumstances of each family. Below are the preferences that will determine the position of your application on the waiting list. Please read the definitions carefully and **mark the Application Form** only with those preferences that apply to your household. You may claim more than one preference. The preferences you claim will be verified when your name reaches the top of the waiting list and you must qualify for the preference(s) indicated on that date.

1. **Local Resident:**

A local resident is defined as:

- 1) An applicant who resides within the city limits of Vacaville; or
- 2) An applicant who is working (paid employment) or who has been notified that he/she has been hired to work within the city limits of Vacaville.

2. **Working:**

A working family is defined as a family of one or more persons in which the head of household, spouse, or co-head of household is:

- 1) Employed (must be paid employment; volunteer work does not qualify for this preference);
- 2) Currently receiving unemployment benefits;
- 3) A recent graduate (within last 6 months); an active participant in an educational and/or training program; or
- 4) On temporary leave of absence due to illness, injury, etc.

3. **Senior:**

A senior household is defined as a household whose head of household, spouse, or co-head of household is 62 years of age or older.

4. **Disabled:**

A disabled household is defined as a household that includes a person or persons with a disability as defined by the Social Security Act. Information related to disability status is provided on a voluntary basis. However, if you claim this preference, you will be required to verify that you meet the Social Security Act's definition of disabled.

5. **Veteran and Active Military:**

A Veteran is defined as:

- 1) A person who was honorably, generally, or medically discharged from the U.S. military service. (Note: Bad conduct discharges do not qualify for this preference); or
- 2) A person who was married to veteran at the time of the veteran's death (Widow or widower of a veteran).

Active Military is defined as:

- 1) A person who is currently on active duty in the U.S. military;
- 2) The spouse of a person who is on active duty in the U.S. military; or
- 3) Someone who was married to a person in the U.S. military at the time of that person's death (Widow or Widower of a serviceman).

6. **Displaced by Local Government Action:**

Displaced by Local Government Action is defined as:

- 1) Within the last six (6) months, you have been given notice to vacate your current unit due to an action taken by an agency of the City of Vacaville.
(Note: You do not meet this preference if the action taken is due to your non-compliance with federal, state or local codes, laws and/or regulations.)