



Sonoma County Community Development Commission
 Housing Authority • Redevelopment Agency
 1440 Guerneville Road, Santa Rosa, CA 95403-4107

SECTION 8 HOUSING CHOICE VOUCHER WAITING LIST UPDATE FORM

**This form is to report changes in information on your Waiting List Questionnaire.
 Do not complete this form if you are not currently on the
 Section 8 Waiting List.**

The information on this questionnaire will determine your placement on the Waiting List. **It is very important that you complete the questionnaire *entirely* and that you answer each question *correctly*.** It is your responsibility to notify the Housing Authority in writing of any changes in your household or mailing address by providing this form. If we are unable to contact you at the address provided, your name will be removed from the Waiting List and you will be required to sign up again. Please be advised it is not sufficient to notify the post office of address changes. The post office does not forward mail from the Housing Authority.

LIST ALL HOUSEHOLD MEMBERS. (Attach additional sheets if necessary)

Names of Family Members	Date of Birth	Relationship Head	Social Security Number
1.			
2.			
3.			
4.			

CURRENT MAILING ADDRESS (Please print clearly.)

Check all preferences that apply to you and your household

(When your name is reached on the Waiting List, documentation will be required for all marked preferences)

- | | |
|---|--|
| <input type="checkbox"/> I/We live in <i>Sonoma County</i> | <input type="checkbox"/> I/or my co-applicant am disabled |
| <input type="checkbox"/> I/We live <i>outside the city limits of Santa Rosa</i> | <input type="checkbox"/> I/we have minor children in our household |
| <input type="checkbox"/> I/or my co-applicant <i>work in Sonoma County</i> | <input type="checkbox"/> I/or my co-applicant am 62 years of age or older |
| <input type="checkbox"/> I/or my co-applicant <i>work outside the city limits of Santa Rosa</i> | |
| <input type="checkbox"/> I/We live in an emergency shelter or transitional housing program in Sonoma County | <input type="checkbox"/> I am a U.S. Veteran, widow/er or the spouse of a U.S. Veteran (<i>must be currently living with Veteran spouse</i>) |
| <input type="checkbox"/> I/We are homeless <i>and</i> receiving services from a homeless supportive agency in Sonoma County | |

Signature: _____ Date: _____

