



Area Housing Authority of the County of Ventura

1400 W. Hillcrest Drive, Newbury Park, CA 91320-2721 • (805) 480-9991 • (800) 800-2123 • FAX: (805) 480-1021

APPLICATION STATUS UPDATE FORM

Date: _____

Head of Household (print): _____ Client Number: _____

Social Security Number: _____

Address, City, Zip Code: _____

Phone Number: _____ Message Phone Number: _____

Type of change to be reported:

_____ Change of address (Residential Address Mailing Address)

_____ Change in family composition (Add household member Remove household member)

_____ Other: _____

Explanation:

I certify that the statements I have made on this form are true and correct. I acknowledge my responsibility to report any changes to my application in writing only.

Signature: _____ Date: _____

FOR OFFICE USE ONLY			
# of Bedrooms _____	Total Annual Gross Income _____	<input type="checkbox"/> Section 8	Project-Based
# of Adults _____	Local Preference _____	<input type="checkbox"/> SVS	<input type="checkbox"/> ARC
# of Children (F) _____	Time Received _____	<input type="checkbox"/> TOA	<input type="checkbox"/> AVA
# of Children (M) _____	Date Received _____		<input type="checkbox"/> ESV
Family Type _____	Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		<input type="checkbox"/> OCV
Race _____	Processed By _____		<input type="checkbox"/> SGA
Ethnicity _____			<input type="checkbox"/> SHA
			<input type="checkbox"/> VGA



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FORMA PARA ACTUALIZAR EL ESTADO DE SU APLICACION

Fecha: _____

Su nombre (letra de molde): _____ Número del Cliente: _____

Número de Seguro Social: _____

Domicilio, Ciudad, Código Postal: _____

Número de teléfono: _____ Número para mensajes: _____

Tipo de cambio que está reportando:

_____ Cambio de domicilio (Domicilio residencial Domicilio de correspondencia)

_____ Cambio en la composición de familia (Añadir miembro a la casa Remover un miembro de la casa)

_____ Otro: _____

Explicación: _____

Yo certifico que las declaraciones que he hecho en esta forma son verdaderas y correctas. Yo reconozco mi responsabilidad de reportar cualquier cambio a mi aplicación por escrito solamente.

Firma: _____ Fecha: _____

PARA USO DE OFICINA SOLAMENTE			
# of Bedrooms _____	Total Annual Gross Income _____	<input type="checkbox"/> Section 8	Project-Based
# of Adults _____	Local Preference _____	<input type="checkbox"/> SVS	<input type="checkbox"/> ARC
# of Children (F) _____	Time Received _____	<input type="checkbox"/> TOA	<input type="checkbox"/> AVA
# of Children (M) _____	Date Received _____		<input type="checkbox"/> ESV
Family Type _____	Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		<input type="checkbox"/> OCV
Race _____	Processed By _____		<input type="checkbox"/> SGA
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