



Area Housing Authority of the County of Ventura

1400 West Hillcrest Dr. Newbury Park, CA 91320-2721

(805) 480-9991 · FAX (805) 480-1021

Serving Camarillo, Fillmore, Moorpark, Ojai, Simi Valley, Thousand Oaks, and the unincorporated areas of Ventura County

APPLICANT UPDATE FORM

This form is to be used only by current applicants requesting to update application information for the Housing Choice Voucher (**Section 8**) and/or **Project-based** waiting list programs.

If you have any questions on this form, or if you are a person with a disability, and you require a specific accommodation in order to fully utilize our services, please call (805) 480-9991, extension 891. Persons with hearing impairments, may call TTD (805) 480-9119. Calls will be returned **within two business days**.

Head of Household (print full legal name): _____

Client #: _____ Social Security Number: XXX-XX-____ (if applicable, last 4 digits)

Type of **change** you are reporting: (check all that apply and please complete the explanation area below)

Change of Address (Residence Mailing address)

New address: (street) _____
(city, state, zip code) _____

Change in household members

Add household member/s: Name _____

Relationship to the head of household: _____ Date of birth: _____

Gender: _____ Social Security Number: _____

Remove household member/s: Name: _____

New residence address for this member: _____

Telephone Number/s: Home Cell Work New number: (_____) _____ - _____

Change in Local Preference/s (LP)

<u>Remove</u>	<u>Add</u>	<u>Preference</u>	<u>Remove</u>	<u>Add</u>	<u>Preference</u>
<input type="checkbox"/>	<input type="checkbox"/>	Elderly	<input type="checkbox"/>	<input type="checkbox"/>	Residency
<input type="checkbox"/>	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	<input type="checkbox"/>	AHA Preference
<input type="checkbox"/>	<input type="checkbox"/>	Veteran			

A local preference(s) can determine your final position on a waiting list. If you have additional questions regarding the housing authority's LP definition(s), please call any of the above listed telephone numbers.

Other: (describe) _____

I understand that this form is not an offer of housing and when my name reaches the top of the waiting list, I will be requested to provide verification on the information listed in my application file. It is my responsibility to report any future changes to my application, in writing, within **ten (10) business of change**. I certify the information I provided on this form is true and accurate and providing false statements can result in the denial or termination of assistance.

Signature: _____ Date: _____
Head of Household

FOR OFFICE USE ONLY

Waiting list Programs

Section 8

Project-based:

If applicable, bedroom size changed to: _____

Application file updated? Yes No

Comment: _____

Processed/Reviewed by: _____

Today's Date: _____

