

UPLAND HOUSING AUTHORITY CHANGE OF STATUS RECEIPT

Name: _____ Today's Date: _____

Social Security No.: _____ Date of Application: _____

Please check the program you are on the waiting list for: ___ Section 8 ___ Conventional (Public Housing)

This receipt serves as your proof of having submitted a change of address or family composition to the Upland Housing Authority for your application for the above-mentioned program. PLEASE DO NOT LOST THIS RECEIPT.

Any correspondence sent to you from this agency as of this date will be sent to the following address:

Street: _____

City: _____ State: _____ Zip Code: _____

IMPORTANT INFORMATION: Please remember that if you move again or have a change in your family composition you **MUST** report that change to this agency immediately. Any changes to your application must be done in person by completing the appropriate UHA forms. **WHEN REPORTING A CHANGE YOU MUST BRING WITH YOU THE PROOF OF APPLICATION FORM WHICH WAS GIVEN TO YOU AT THE TIME YOU SUBMITTED THE ORIGINAL APPLICATION TO THE UPLAND HOUSING AUTHORITY.**

We are unable to tell you how long it will be before you are notified of the availability of rental assistance/housing. Please **DO NOT** call to ask how long it will be before you receive notice or to find out where you are on the waiting list.

When you call you will need to provide us with the following information:

- Your Name
- Your Social Security Number
- The Date You Applied

PLEASE BE AWARE THAT WHEN WE ACCEPT THIS NOTICE OF CHANGE YOUR APPLICATION HAS NOT BEEN REVIEWED AND WE CANNOT GUARANTEE THAT YOU ARE STILL ON THE WAITING LIST. NOTICE WILL BE SENT TO YOU IF YOU HAVE SUBMITTED A CHANGE AND YOUR APPLICATION HAS BEEN CANCELED.

FOR OFFICE USE ONLY:

Received By: _____

UHA STAFF

Agency Stamp:

UPLAND HOUSING AUTHORITY CHANGE OF STATUS

Name: _____ Today's Date: _____

Social Security No.: _____ Date of Application: _____

Please check the program you are on the waiting list for: Section 8 Conventional (Public Housing)

Time of Application: _____ Bedroom Size: _____

Current Address: Street: _____

City: _____ State: _____ Zip Code: _____

Old Address: Street: _____

City: _____ State: _____ Zip Code: _____

Current Phone Number or Message Number: (_____) _____

FAMILY COMPOSITION

Please list all persons who will be residing with you, including yourself first. If you wish to remove someone from your application, please write "REMOVE" next to their name. If you are adding someone to your application, please write "NEW" next to their name.

| <u>NAME</u> | <u>BIRTHDATE</u> | <u>SOCIAL SECURITY</u> | <u>RELATIONSHIP</u> |
|-------------|------------------|------------------------|---------------------|
| • _____ | _____ | _____ | Head of Household |
| • _____ | _____ | _____ | |
| • _____ | _____ | _____ | |
| • _____ | _____ | _____ | |
| • _____ | _____ | _____ | |
| • _____ | _____ | _____ | |
| • _____ | _____ | _____ | |
| • _____ | _____ | _____ | |
| • _____ | _____ | _____ | |

MAILING LABELS

You must enclose four (4) mailing labels with your completed Change of Status form. These labels will be used by UHA when correspondence is mailed to you. **You MUST complete all four labels with your complete name and mailing address as shown below.**

Your First Name and Last Name
Street Address, Apartment Number
City, State, Zip Code

REQUEST FOR PREFERENCE STATUS

In regards to my application for Section 8 Rental Assistance or Public Housing I am requesting preference on the waiting list based on the following:

(Please check the statement that applies to you)

- I am currently a resident of Upland.
 I am currently working in Upland, employed by:

 Name & Address of Employer

- I am a U.S. Veteran or the surviving spouse of a veteran.
 I do not qualify for any of the above.

INCOME LIMITS

| | 1 Person | 2 Persons | 3 Persons | 4 Persons | 5 Persons | 6 Persons | 7 Persons | 8 Persons |
|-----------------------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Public Housing | 31,200 | 35,600 | 40,080 | 44,560 | 48,080 | 51,680 | 55,200 | 58,800 |
| Section 8 | 19,500 | 22,250 | 25,050 | 27,850 | 30,030 | 32,300 | 34,500 | 36,750 |

Please check the box following the annual income that applies to your family:

| # of Family Members | 30% My Annual Income Is Between: | | T | 50% My Annual Income Is Between | | T | 80% My Annual Income Is Between: | | T |
|---------------------|----------------------------------|--|---|---------------------------------|--|---|----------------------------------|--|---|
| | | | | | | | | | |
| 1 | \$0.00 and \$11,700 | | | \$11,701 and \$19,500 | | | \$19,501 and \$31,200 | | |
| 2 | \$0.00 and \$13,350 | | | \$13,351 and \$22,250 | | | \$22,251 and \$35,600 | | |
| 3 | \$0.00 and \$15,030 | | | \$15,031 and \$25,050 | | | \$25,051 and \$40,080 | | |
| 4 | \$0.00 and \$16,710 | | | \$16,711 and \$17,850 | | | \$17,851 and \$44,560 | | |
| 5 | \$0.00 and \$18,030 | | | \$18,031 and \$30,050 | | | \$30,051 and \$48,080 | | |
| 6 | \$0.00 and \$19,380 | | | \$19,381 and \$32,300 | | | \$32,301 and \$51,680 | | |
| 7 | \$0.00 and \$20,700 | | | \$20,701 and \$34,500 | | | \$34,501 and \$55,200 | | |
| 8 | \$0.00 and \$22,050 | | | \$22,051 and \$36,750 | | | \$36,751 and \$58,800 | | |

CERTIFICATION OF APPLICABLE INCOME LIMIT

I certify that my family's annual income is \$_____. I understand that this income will be verified by UHA. I also understand that it is my responsibility to inform UHA if my family's gross annual income falls below or increases above the category I have currently selected. Failure to notify UHA of the changes in family income can jeopardize my position on the waiting list. Providing incorrect income verification is grounds for denial of housing or cancellation of my application.

Signature of Head of Household: _____ Date: _____

Please be advised that UHA can and will run criminal history and background checks on all household members over the age of 18 and must deny admission to the Section 8 and Public Housing programs if ANY member of the household is subject to a lifetime registration requirement under a state sex offender registration program. For Public Housing, UHA can and will run credit history.

I hereby certify that I have reviewed the information I have provided on this Change of Status form and it is true and correct. I understand that providing incomplete or false information is grounds for cancellation of my application and/or termination of my Section 8 rental assistance or Public Housing lease. I also authorize Upland Housing Authority to perform a criminal history/background check and/or credit check on all household members over the age of 18.

Signature of Head of Household: _____ Date: _____