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www.otsegoruralhousing.org

WAITING LIST INFORMATION UPDATE Otsego Rural Housing Assistance, Inc. (ORHA) Section 8 Programs

Applicants who are **currently** on the waiting list for the Housing Choice Voucher or Project-Based Voucher Programs may use this form to update ORHA about any changes to their information. **This form is not a waiting list application.**

1. Please provide the following information so that ORHA can find your file.

Head of Household Name (required)		Applicant Number	
Date of Birth		Social Security # or Alien Registration #	

2. Please list the changes you would like to make. You do not need to fill in every section.

I need to update my contact information.

Current Mailing Address			
Email Address		Phone Number	
I wish to update my optional contact person or organization. I have attached a new HUD-92006 (Supplement to Application for Federally Assisted Housing), or please send me one if I have not. (Check box to right)			<input type="checkbox"/>

I wish to remove the following family member(s) from my household:

1. Household Member				
Last Name	First Name	MI	Date of Birth	Social Security # / Alien Registration #
2. Household Member				
Last Name	First Name	MI	Date of Birth	Social Security # / Alien Registration #

Please provide any additional household member information on a separate sheet of paper.

I wish to add the following family member(s) to my household:

Use the legal name for each household member. (If a member uses a different name in daily life, please provide it in the "Preferred Name" field.)

Please note that information about disability status and age may be used to determine selection from the waiting list.

Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child/adult, live-in aide, other adult

Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Household Member						Preferred Name:	
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation		
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	
2. Household Member						Preferred Name:	
Last Name	First Name	MI	Date of Birth	Sex (M/F)	Relation		
Disability Yes <input type="checkbox"/> No <input type="checkbox"/>	U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Full-time Student Yes <input type="checkbox"/> No <input type="checkbox"/>	Race	Hispanic/Latino Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security #	Alien Registration #	

Please provide any additional household member information on a separate sheet of paper.

SEE REVERSE SIDE

My income has changed. Below are ALL income sources for my household.

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, and SSI.			
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income	Per (check one)
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Year
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Year
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Year
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Year
		\$	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> 2 Weeks <input type="checkbox"/> Year

Please provide any additional income information on a separate sheet of paper.

My living situation has changed. (Check the box that applies to you.)

I was homeless when I applied, but I have found permanent housing and am no longer being sheltered.	<input type="checkbox"/>
I have become homeless. Note: Verification of homeless status is required. ORHA will contact you to explain what you will need to provide.	<input type="checkbox"/>

I wish to report a different change.

Please specify:

3. Certification Statement

I/we certify that all the information provided is accurate and complete to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

Head of Household Signature		Date	
Spouse/Co-Head Signature		Date	

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

Return to:

Otsego Rural Housing Assistance, Inc.
140 County Highway 33W Box 4
Cooperstown, NY 13326

Email: HCV@OtsegoRuralHousing.org