

HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA (HACA)

22941 ATHERTON STREET, HAYWARD, CA 94541-6633

FAX: (510) 537-8236

EMAIL: WAITLIST@HACA.NET

WAITING LIST UPDATE FORM (ALL PROGRAMS)

**** Use this form ONLY if you are on a HACA Waitlist – This is NOT an application for assistance.****

INSTRUCTIONS: Complete this entire form and return it to HACA by mail, fax or email.

1. Tell us about the Head of Household

First Name: _____

Last Name: _____

Full Social Security Number: _____

Date of Birth: _____

Email Address: _____

Phone Number: _____

Are you Disabled? YES NO

Applicant # (if applicable): _____

Mailing Address

In Care of (if applicable): _____

Street Address: _____

City, State, Zip: _____

a. Do you understand English well enough to conduct business with the Housing Authority? YES NO

b. If no, what is your primary language? Cantonese Farsi Spanish Vietnamese Other: _____

2. Tell us about your Household Members – Who will live with you if you are assisted by HACA?

If you will live by yourself, write 'NONE' in the first box.

If you intend to have more than 6 members living with you, use a separate paper to provide their information.

Member #	First & Last Name	Full Social Security #	Date of Birth (mm/dd/yyyy)	Disabled? Write Yes or No	Relationship to Head of Household (Spouse, child, foster, Live-in aide, etc.)
2					
3					
4					
5					
6					

3. Reasonable Accommodations/Unit Accessibility

a. Does any disabled member require a reasonable accommodation due to a disability? YES NO

What kind of accommodation do they require? _____

b. Would any disabled member benefit from living in a unit configured with accessibility features (select all that apply)?

Mobility Accessible Hearing Accessible Visually Accessible None

4. Household Income

What is your family's total gross annual income? \$ _____

You must report all gross income for all members of your household. Income consists of wages (including self-employment), Social Security/SSI benefits, pension, child support, unemployment benefits, TANF/Cash-aid, etc. Gross income is the amount before taxes and deductions.

Calculation Example: One household member receives a gross SSI benefit of \$950 per month. Another household member receives gross wage income of \$800 per month. The total yearly income for this family is \$21,000.

**** (\$950 x 12 months = \$11,400 and \$800 x 12 months = \$9,600. \$11,400 + \$9,600 = \$21,000)****

5. Preferences and Additional Eligibility

a.	Does your family include a person who has served full-time in the armed forces in time of national emergency, state military emergency, or during any expedition off the armed forces and who has been discharged or released under conditions other than dishonorable?	YES	NO
b.	Are you an individual or family displaced from your housing unit due to a federal, state, or locally declared disaster within the last six months? <i>If yes, you will be sent a Disaster Preference Form to complete.</i>	YES	NO
c.	Are you an individual or family who lacks a fixed, regular, and adequate nighttime residence? <i>This means you :</i> <ul style="list-style-type: none">▪ have a primary nighttime residence that is a place not meant for human habitation; or▪ are living in a shelter designed to provide temporary living arrangements like emergency shelters, transitional housing, hotels paid for by an organization/assistance program; or▪ are exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.	YES	NO
d.	Has one or more of the persons listed on this form been displaced from their home as a result of the City of Emeryville's or City of Emeryville Redevelopment Agency's public projects or the City of Emeryville's code enforcement activities? (Project-based program)	YES	NO
e.	Is the Head of Household, spouse, or Co-Head a non-elderly (age 18 to 61) disabled individual who is a MediCal/Medicaid recipient and is currently living in a nursing home or other healthcare institution? (NED program)	YES	NO
f.	Is one or more of the persons listed on this form a disabled individual who is a MediCal recipient who has resided in an institution? (Project-based program)	YES	NO

6. Certification and Signature

I certify under penalty of perjury that the above statements are true and correct. I understand that the reporting of false or incomplete statements or information may result in denial of housing assistance.

Head of Household Signature	Date

FOR OUR NON-ENGLISH SPEAKING CLIENTS

The Housing Authority of Alameda County is sending you an important document. This document may affect housing assistance that you receive or housing assistance that you have applied for. Please read it carefully.

ها زينگ آلاميدا کانتی مدارک مهمی را به شما فرستاده است که با يد با دقت تمام خوانده و تکميل نماييد. در غير اينصورت احتمال از دست دادن کمک کرایه ای و یا تقاضانامه ی کمک کرایه ای شما خواهد شد.

اگر درخواندن اوراق انگلیسی اشکالی دارید. می توانید با شماره تلفن ذیل ارتباط حاصل نماييد.

فارسی 510-727-8547

Văn phòng Housing gửi kèm theo thông cáo này những giấy tờ quan trọng cho quý vị đang được hưởng trợ cấp nhà cửa hay đang trong diện nộp đơn xin. Xin quý vị đọc kỹ những giấy tờ này. Nếu quý vị không thông thạo về tiếng Anh thì xin vui lòng gọi số điện thoại sau đây sẽ có nhân viên người Việt giúp đỡ (510) 727-8584.

La Autoridad de Viviendas del Condado de Alameda le envia este muy importante aviso. Este documento le podra afectar su asistencia continua o ha la asistencia de renta que esta en los tramites de aplicar. Por favor lea bien este aviso. Si no lo entiende en ingles y necesita ayuda en español, por favor marque el numero 510-727-8578 para mas detalles.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
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<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information.

Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.