

## Vacaville Housing Authority APPLICATION UPDATE FORM

PLEASE PRINT AND USE ONLY BLACK OR BLUE INK

### ● APPLICANT HOUSEHOLD — REQUIRED

Name of **Head of Household**: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Female  Male      Disabled?  Yes  No      Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Has the Head of Household Changed?  Yes  No      If yes, Previous Head of Household Name: \_\_\_\_\_

Check all that apply: **Ethnicity:**  Hispanic or Latino       Not Hispanic or Not Latino

Check all that apply: **Race:**  White       Black / African American       American Indian / Alaska Native

Asian       Native Hawaiian / Pacific Islander

Does your household require an accessible unit?  Yes  No

### ● ADDRESS INFORMATION – (If you have only an address or phone number change, you may stop at this portion and continue to the signature portion at the end of the update form.)

Current Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Message Phone \_\_\_\_\_

### ● HOUSEHOLD MEMBER(S) (List only those who will be assisted under Section 8)

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male      SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male      SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male      SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  Female  Male      SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### ● INCOME SOURCE (Enter MONTHLY Amount)

Employment \$ \_\_\_\_\_       Unemployment \$ \_\_\_\_\_       Welfare \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_       Child Support \$ \_\_\_\_\_       VA Benefits \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_       Other (Specify) \$ \_\_\_\_\_

### ● PREFERENCES (Answer each question below)

Applications are placed on the Section 8 Waiting List based on the circumstances of each family. Below are the preferences that determine the position of your application. **Read each preference carefully and mark YES if it applies to you, your spouse, or co-head of household.** If any of the questions below are not answered, we will assume the answer is no. See back of this page for further explanation of preferences.

YES       NO      **TERMINATED DUE TO INSUFFICIENT FUNDING** – Was your household's previous Section 8 assistance under the VHA program terminated due to insufficient funding? This means that the VHA terminated your household's assistance due solely to the VHA's lack of funding from HUD to continue assistance.

YES       NO      **DISPLACED BY LOCAL GOVERNMENT ACTION** – Within the last six (6) months, has your household been given notice to vacate your current unit due to an action taken by an agency of the City of Vacaville (Local Government)?  
(Note: This does not include any eviction of the family due to any action or lack thereof on the family's part.)

YES       NO      **LOCAL RESIDENT – Do you, your spouse, or co-head of household:**  
1) **Live in the city of Vacaville?** A post office box address is not considered proof of local residency. A family who claims to be homeless in the city of Vacaville must provide business verification of services received in Vacaville or any other business documentation that ties that person to the city of Vacaville. Handwritten letters from friends, relatives or other private individuals will not be acceptable as proof of residence.

**OR**

2) **Work** (verifiable, paid employment) in the city of Vacaville? The employment must be reported to all applicable sources (i.e., the IRS, CalWORKs, etc.) to be eligible for this preference. If an applicant is on temporary disability from the job, the applicant must still be employed by the company and considered eligible to return to work upon medical reinstatement to qualify for this preference.

YES  NO

**WORKING – Do you, your spouse, or co-head of household:**

- 1) Work? (verifiable, paid employment) **OR**
- 2) Currently receive unemployment benefits? **OR**
- 3) Receive temporary disability and are still employed with that company and eligible to return to work upon medical release? **OR**
- 4) Actively participate in a full time educational and/or training program or are a recent graduate (within last 6 months)?

YES  NO

**SENIOR** – Is the head of household **and** spouse, or head of household **and** co-head at least 62 years of age?

YES  NO

**DISABLED** – Do you, your spouse, or co-head of household have a disability as defined by the Social Security Act?

Disability includes any of the following conditions:

- 1) Has a disability as defined in section 223 of the Social Security Act, or
- 2) As defined in 42 U.S.C. Section 423 which means:
  - a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months, or
  - b. In the case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in section 416(i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity, requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time.
- 3) Has a physical, mental, or emotional impairment that:
  - a. Is expected to be of long-continued and indefinite duration.
  - b. Substantially impedes his or her ability to live independently, and
  - c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.
- 4) Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C.6001(8), which defines developmental disability as a severe, chronic disability of an individual that:
  - a. Is attributable to a mental or physical impairment or combination of mental and physical impairments
  - b. Is manifested before the individual attains age 22
  - c. is likely to continue indefinitely
  - d. Results in substantial functional limitations in 3 or more of the following areas of major life activity: (I) Self-care, (II) Receptive and expressive language, (III) Learning, (IV) Mobility, (V) Self-direction, (VI) Capacity for independent living, (VII) Economic self-sufficiency, and
  - e. Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
- 5) Has Acquired Immune Deficiency Syndrome (AIDS) or any condition that arises from the etiologic agent for AIDS.

YES  NO

**VETERAN or ACTIVE MILITARY – Were you, your spouse, or co-head of household:**

- 1) Honorably, generally or medically discharged from the U.S. military after serving at least 181 consecutive days active duty? **OR**
- 2) Married to a veteran at the time of their death, or to a person who was in the military at the time of their death and have not remarried? **OR**
- 3) Separated or divorced from a veteran but maintain eligibility status for veteran benefits?

**I do hereby certify, under penalty of perjury, that all information I have provided is complete and accurate. I understand that this information will be verified by the Vacaville Housing Authority (VHA) when my name reaches the top of the list.**

**I understand that I am required to notify the VHA of any changes by completing an Application Update Form. I understand if the VHA cannot contact me at the above address my name will be removed from the waiting list.**

**I/we hereby authorize the release of any and all information, including that of a confidential or privileged nature, to the Vacaville Housing Authority which may relate to my eligibility to participate in the Section 8 Housing Assistance Program. This authorization encompasses the release of any and all law enforcement agency information, whether in the custody of local, State or Federal law enforcement authorities.**

**Return to:**

Vacaville Housing Authority  
40 Eldridge Avenue, Suite 2  
Vacaville, CA 95688

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Authority Representative: \_\_\_\_\_

# VACAVILLE HOUSING AUTHORITY

## PREFERENCE DEFINITIONS

Below are the preferences that will determine the position of your application on the Section 8 waiting list. Please read the definitions carefully. On the Application Form, **check only the preferences that apply to your household**. You may qualify for more than one preference. The preferences you claim will be verified when your name reaches the top of the waiting list and you must qualify for the preference(s) indicated on that date. If you cannot verify the preferences you checked, your name will be returned to the waiting list. The person who meets the preferences claimed on the application must be listed on the application at the time the application gets pulled from the waiting list.

### **Terminated Due to Insufficient Funding:**

Terminated due to insufficient funding is defined as:

A household's previous Section 8 assistance under the VHA program terminated due to insufficient funding. This means that the VHA terminated your household's assistance due solely to the VHA's lack of funding from HUD to continue assistance.

### **Displaced by Local Government Action:**

Displaced by Local Government Action is defined as:

Within the last six (6) months, you have been given notice to vacate your current unit due to an action taken by an agency of the City of Vacaville (Local Government).

(Note: This does not include any eviction of the family due to any action or lack thereof on the family's part.)

### **Local Resident:**

Local resident is defined as:

- 1) An applicant who lives in the city of Vacaville. A post office box address is not considered proof of local residency. A family who claims to be homeless in the city of Vacaville must provide business verification of services received in Vacaville or any other business documentation that ties that person to Vacaville. Handwritten letters from friends, relatives or other private individuals will not be acceptable as proof of residence.
- 2) An applicant who works (verifiable, paid employment) in the city of Vacaville. The employment must be reported to all applicable sources (i.e., the IRS, CalWORKs, etc.) to be eligible for this preference. If an applicant is on temporary disability from the job, the applicant must still be employed by the company and considered eligible to return to work upon medical reinstatement to qualify for this preference.

### **Working:**

Working family is defined as a family of one or more persons in which the head of household, spouse, or co-head of household is:

- 1) Employed (verifiable, paid employment).
- 2) Currently receives unemployment benefits.
- 3) Currently receives temporary disability and still employed with that company and eligible to return to work upon medical release.
- 4) Actively participates in a full time educational and/or training program or is a recent graduate (within last 6 months).

### **Senior:**

A senior household is defined as a household whose head of household **and** spouse, or head of household **and** co-head is at least 62 years of age.

### **Disabled:**

Disabled household is defined as a household that has a disability as defined by the Social Security Act.

Disability includes any of the following conditions:

- 1) Has a disability as defined in section 223 of the Social Security Act, or
- 2) As defined in 42 U.S.C. Section 423 which means:

- a. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months, or
  - b. In the case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in section 416(i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity, requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time.
- 3) Has a physical, mental, or emotional impairment that:
- a. Is expected to be of long-continued and indefinite duration.
  - b. Substantially impedes his or her ability to live independently, and
  - c. Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.
- 4) Has a developmental disability as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C.6001(8), which defines developmental disability as a severe, chronic disability of an individual that:
- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments
  - b. Is manifested before the individual attains age 22
  - c. is likely to continue indefinitely
  - d. Results in substantial functional limitations in 3 or more of the following areas of major life activity: (I) Self-care, (II) Receptive and expressive language, (III) Learning, (IV) Mobility, (V) Self-direction, (VI) Capacity for independent living, (VII) Economic self-sufficiency, and
  - e. Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.
- 5) Has Acquired Immune Deficiency Syndrome (AIDS) or any condition that arises from the etiologic agent for AIDS.

**Veteran or Active Military:**

Veteran or Active Military household is defined as the head of household, spouse, or co-head of household meeting any of the following conditions:

- 1) An applicant who was honorably, generally or medically discharged from the U.S. military after serving at least 181 consecutive days active duty.
- 2) An applicant who was married to a veteran at the time of their death, or to a person who was in the military at the time of their death and have not remarried.
- 3) An applicant who was separated or divorced from a veteran but maintains eligibility status for veteran benefits.