



Sonoma County Community Development Commission • Housing Authority  
141 Stony Circle, Suite 210, Santa Rosa, CA 95401  
Telephone: (707) 565-7500 • TDD: (707) 565-7555

## HOUSING CHOICE VOUCHER PROGRAM (SECTION 8) WAITLIST UPDATE FORM

**Only complete this form if you have already submitted an application for the Waitlist Lottery.**

It is very important that you complete the form entirely and accurately.

**HEAD OF HOUSEHOLD INFORMATION (PLEASE PRINT CLEARLY)**

Social Security Number (If applicable)

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--	--	--	--

Date of Birth

--	--	--	--	--	--	--	--

MM

DD

YYYY

First Name

[illegible]

MI

7

Last Name

[illegible]

Telephone Number

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--	--	--	--

Mailing Address

[illegible]

Apt. #

--	--	--	--	--

City

[illegible]

State

--	--

Zip Code

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**OTHER HOUSEHOLD MEMBERS (Attach additional sheets if necessary)**

	Name	Date of Birth	Relation	Social Security Number
2				
3				
4				
5				

**TOTAL MONTHLY INCOME FOR ALL HOUSEHOLD MEMBERS**

	Employment	\$ /month		State Disability	\$ /month		Pension	\$ /month
	Social Security/ SSI	\$ /month		TANF (Welfare)	\$ /month		Other	\$ /month

☒ Mark Yes or No to all statements below ☒

1. I have a disability **OR** one of my household members has a disability..... ☐ Yes ☐ No
2. I am 62 years of age or older **OR** one of my household members is 62 years of age or older..... ☐ Yes ☐ No

**I require a dwelling with accessibility features** ..... ☐ Yes ☐ No

**I need translation services (IF YES, list language needed here):** \_\_\_\_\_ ☐ Yes ☐ No

**I need a reasonable accommodation (IF YES, specify accommodation):** \_\_\_\_\_ ☐ Yes ☐ No

*The following question is asked for statistical purposes only:*

I am homeless, in a transitional housing program, or in a shelter in Sonoma County..... ☐ Yes ☐ No

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



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## HOUSING CHOICE VOUCHER (SECTION 8) WAITLIST INFORMATION

It is your responsibility to notify the Housing Authority in writing of any changes in your household or mailing address by providing this form.

If we are unable to contact you at the address provided, you will be removed from the Waiting List. Please note: ***The post office will not forward mail from our office.***

Applications selected in the lottery are ranked by preferences and randomly assigned applicant ID numbers. The Sonoma County Housing Authority has established the following local preferences for applicants with household members in the following groups:

- Persons with disabilities
- Seniors (62+ years of age)

**You will only be required to provide documentation for any preferences that apply to you at the time your name is reached on the waiting list.**

If you are a person with a disability and you need a disability-related accommodation to access any programs, services, or activities provided by the Sonoma County Community Development Commission or the Sonoma County Housing Authority, you may contact the Sonoma County Housing Authority at (707) 565-7500/TDD (707) 565-7555. Translation services are available upon request.