



APPLICANT CHANGE OF INFORMATION FORM

Section 8 Housing Choice Voucher Program

HEAD OF HOUSEHOLD INFORMATION:

Name: _____ **SS#:** _____
 (First) (Middle) (Last)

Date of Birth _____ **Phone #:** _____ **Phone # (2):** _____

Sex: Male Female

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

Ethnicity: Hispanic Non-Hispanic **U.S. Citizen or Legal Resident:** Yes No **Disabled:** Yes No

Home Address: _____
 (Required) (Street) (City) (State) (Zip)

Mailing Address: _____
 (If Different) (Street) (City) (State) (Zip)

Family Members:

Complete information below for all other family members who will live in your household while you are on the Subsidy Program. If you do not provide complete information for your family member, they will not be added to your household.

Please use abbreviations below for the Race and Ethnicity questions.

Race: **A/AN** – American Indian/Alaskan Native, **A** – Asian, **B** – Black/African American, **W** – White, **NH/PI** – Native Hawaiian/Other Pacific Islander, **O** - Other
Ethnicity: **H** – Hispanic/Latino, **NH** – Not Hispanic/Latino, **U** - Unknown

Full Name	Relationship	Date of Birth	Sex: M/F	Race	Ethnicity	Social Security # <small>(if undocumented write N/A)</small>	Student: Y/N	Disabled: Y/N
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

Income:

List all INCOME for all household members. Include earnings from all employment (including self-employment); benefits like Unemployment, TANF (AFDC), SSI, GR; pensions including Social Security, Veterans, retirement; and child support, and other money that comes to your family.

Name of Member	Source of Income	Amount per PAY PERIOD (Weekly, bi-weekly, monthly, semi-monthly)
		\$ _____ per
		\$ _____ per
		\$ _____ per
		\$ _____ per
		\$ _____ per
		\$ _____ per

PLEASE COMPLETE REVERSE SIDE OF THIS FORM

Preferences:

TORRANCE EMPLOYMENT: (PLEASE NOTE: Zip code 90502 and 90501 east of Western Ave. are not in Torrance city limits)

Does any adult household member currently work 20 or more hours a week within Torrance city limits?
If yes, please list the name and address of employer and number of hours worked in Torrance each week.

Yes No

Name of Employer	Address	City/State/Zip	Hours worked weekly
			_____ Hours

U.S. MILITARY PREFERENCE:

Is any Household member a Veteran (discharged other than dishonorably), Veteran's Surviving spouse, or currently in the U.S. Military?

Yes No

DISPLACEMENT PREFERENCE:

Have you been displaced due to natural disaster (earthquake, fire flood) or Government Action (City, County, State, or Federal Government)?

Yes No

DOMESTIC VIOLENCE PREFERENCE:

Is any member of your household a victim of domestic violence, dating violence, sexual assault or stalking?

Yes No

SUBSTANDARD HOUSING PREFERENCE:

Are you currently living in substandard housing? (Dilapidated, does not have operable indoor plumbing, does not have a usable flushing toilet inside the unit for the exclusive use of the household, does not have electricity, or has inadequate or unsafe electrical service, does not have a safe or adequate source of heat, should, but does not, have a kitchen, or has been declared unfit for habitation by an agency or unit of government)

Yes No

Do you require a specific accommodation for a disability in order to fully utilize the unit or the program and its services?

Hearing Mobility Sight Other (Specify)_____

CERTIFICATION:

BY SIGNING THIS, I CERTIFY THAT THIS INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

(Signature of Head of Household) Date _____

(Signature of Co-head/spouse) Date _____

The City of Torrance Housing Authority grants preference to applicants who meet one or more of the following categories:

- Family, disabled or elderly
- Applicants who live or work (one adult member working 20 hours a week or more) in the city of Torrance. (Does not include 90501 East of Western or 90502 zip codes)
- Involuntary displaced by natural disaster or government action
- Current member of the U.S. Armed Forces, a veteran (discharged other than dishonorably), a spouse of a veteran currently on active duty, or a surviving spouse of a veteran.
- Victims of domestic violence, dating violence, sexual assault, or stalking.
- Households living in substandard housing.

IMPORTANT: IF ANY INFORMATION ON THIS FORM CHANGES YOU MUST REPORT IT TO THE HOUSING OFFICE IMMEDIATELY. IF WE DO NOT HAVE A CORRECT MAILING ADDRESS FOR YOU, YOUR NAME WILL BE REMOVED FROM THE WAITING LIST.

Make a copy of this application for your records.