

Head of Household Signature

Suisun City Housing Authority

701 Civic Center Blvd. Suisun City, CA 94585

Phone: 707.421.7330 Fax: 707. 429.3758 E-mail: housingdept@suisun.com

Waiting List Update

Head of Household Name	j:				Date:					
Mailing Address:										
Phone Number:		E-mail:								
- 1										
	on: List all household memb persons on the application, p			_	nning with	the head of	househo	old. If		
	odes in the "Relation" box to	· · · · · · · · · · · · · · · · · · ·	old relat	ionship	-					
S = Spouse A = Other Adult				Y = Youth Under 18 E = Full-Time Student						
K = Co-Head (Not N		Foster Child/Adult	Carr		1		aent			
1. Last Name	First name	Date of Birth	Sex	□м	Relation H	Full SSN				
2. Last Name	First name	Date of Birth	Sex	□м	Relation	Last Four o	of SSN			
3. Last Name	First name	Date of Birth	Sex	□м	Relation	Last Four o	of SSN			
4. Last Name	First name	Date of Birth	Sex F	□м	Relation	Last Four o	of SSN			
5. Last Name	First name	Date of Birth	Sex F	□м	Relation	Last Four o	of SSN			
6. Last Name	First name	Date of Birth	Sex F	□м	Relation	Last Four o	of SSN			
Applicant Family's Gross An	nual Income \$									
	rs which help determine the	_		-		ed must be	verified t	through		
	e valid. Please mark the pre									
* * * * * * * * * * * * * * * * * * * *	ad of household, spouse, or			isun Cit	y.		Yes	□No		
	qualify for this preference if a	all the following appl	ies:				∐Yes	□No		
- Applicant resides in Suis	sun City; for entire rent and utilities o	of the unit: and								
	nembers on the voucher app		ones re	siding ir	n the unit					
• • • • • • • • • • • • • • • • • • • •	viving spouses of veterans, v	<u> </u>				from the	□Yes	□No		
	ber of the military, retired mi	•	-	,	Ü					
Disability – Applicant or fam definition.	nily members on the applicat	ion has one or more	disabilit	ies acco	ording to th	ie federal	□Yes	□No		
_	It on application employed a	•					□Yes	□No		
	m with 12 or more units. Thi			/ given t	to elderly fa	amilies or				
Involuntary Displacement –	use is receiving income based	on their inability to	work.				□Yes	□No		
	earthquake, etc.) causing th	e unit to be uninhab	itable:				Пісз	Пио		
	ted to code enforcement, pu			pment;	or					
=	ocumented by police reports			-						
	nilies paying more than 50 p	•			nt and utilit	ies for at	∐Yes	□No		
	efore they were selected from			iing thro	ough the ve	rification				
of preference. For this prefe	erence, the landlord cannot b	oe related to the app	licants.							
Contifications										
Certification: I declare, under penalty of perjury,	that the above information is true	and complete Warning: 9	Section 100	01 of Title	18 of the U.S	Code states ti	hat a nersc	n is		
	d willingly making false or fraudulen									

Date

If there are more than s	ix (6) people in the household,	please continue here.				
7. Last Name	First name	Date of Birth	Sex □F	□м	Relation	Last Four of SSN
8. Last Name	First name	Date of Birth	Sex	□м	Relation	Last Four of SSN
9. Last Name	First name	Date of Birth	Sex	□м	Relation	Last Four of SSN
10. Last Name	First name	Date of Birth	Sex F	□м	Relation	Last Four of SSN
11. Last Name	First name	Date of Birth	Sex □F	□м	Relation	Last Four of SSN