



WAITLIST UPDATE FORM 2016

4020 Civic Center Dr
San Rafael, CA 94903-4173
Lewis Jordan
Executive Director

THIS FORM IS FOR PEOPLE WHO ARE ALREADY ON AN MHA WAIT LIST ONLY

This is NOT an application *** Please be sure to complete entire form and write clearly and legibly.

*NAME: _____	*SSN: _____
*ADDRESS: _____ _____	PHONE: _____
Annual Income: _____	*DOB: _____
* indicates required information	Email address: _____

PLEASE NOTE BELOW ANY CHANGES IN YOUR SITUATION:

1. Are you currently homeless?

- | | | |
|-----|----|---|
| YES | NO | Do you lack a fixed, regular and adequate nighttime residence? |
| YES | NO | Do you have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations? |
| YES | NO | Do you reside in a public or private place not ordinarily used as an accommodation for human beings (lacks indoor plumbing, toilet facilities, bathing facilities, adequate or safe electrical service, heat or kitchen)? |
| YES | NO | Can a knowledgeable professional that serves homeless persons verify your situation of homelessness? |

2. Have you been involuntarily displaced (*forced from your home*) either:

- | | | |
|-----|----|---|
| YES | NO | By a <u>Natural Disaster</u> (fire, flood, etc.), OR a <u>Government Agency</u> is forcing you, or has forced you to move due to code enforcement, public improvement or development? |
| YES | NO | As a <u>Victim of Domestic Violence</u> (must have occurred within year of application date)? |
| YES | NO | As a current <u>participant in a State or Federal Witness Protection Program</u> (Does not include Victim's Assistance Program)? |
| YES | NO | By a <u>Hate Crime</u> (must have occurred within the last 30 days, or be of a continuing nature. This preference is not available to Section 8 Applicants). |

3. Are you or your spouse/co-head currently working? Or are you or your spouse/co-head attending school or other training program full-time? (If you or your spouse/partner are over 62 or disabled this answer should be YES. You qualify automatically for this preference). Threshold to qualify for these points is 20 hours work per week for Public Housing and 32 hours work per week for Section 8.

YES NO

4. Are you or your spouse/co-head currently a member of the Military, a Veteran or the surviving spouse/co-head of a Veteran?

YES NO

5. Are you or your spouse/co-head:

- | | | |
|-----|----|---|
| YES | NO | at least 62 years of age? |
| YES | NO | disabled/handicapped? |
| YES | NO | a family. (Single person is considered a family by HUD definition.) |

6. Have you or any household member successfully participated or are currently participating in a Supportive Housing Program for people that are both Disabled and Homeless? (This Preference is NOT available to Public Housing Applicants.)

YES NO

7. Do you or your spouse/partner live or work in Marin? (This Preference is NOT available to Public Housing Applicants.)

YES NO

Turn Over

WAITLIST UPDATE FORM

Besides the English language, our offices provide documents and face to face verbal translation services both in Spanish & Vietnamese. If required we can also provide translation services via teleconference call in many other languages. Please indicate below the language you prefer that we communicate to you in.

LANGUAGE PREFERENCE: ENGLISH ____ SPANISH ____ VIETNAMESE ____ or _____

HOW MANY PEOPLE ARE CURRENTLY IN THE HOUSEHOLD? _____

What is your Households Annual Income? _____

WOULD YOU LIKE TO ADD OR REMOVE A MEMBER OF YOUR HOUSEHOLD?: YES/NO

(If you are adding or removing a member(s), please provide the following information for the individual(s) below):

Name	Date of Birth	Citizen/ Immigrant	Sex	Relationship	Social Security #	Add/Remove <i>Circle one</i>
Name	Date of Birth	Citizen/ Immigrant	Sex	Relationship	Social Security #	Add/Remove <i>Circle one</i>
Name	Date of Birth	Citizen/ Immigrant	Sex	Relationship	Social Security #	Add/Remove <i>Circle one</i>
Name	Date of Birth	Citizen/ Immigrant	Sex	Relationship	Social Security #	Add/Remove <i>Circle one</i>
Name	Date of Birth	Citizen/ Immigrant	Sex	Relationship	Social Security #	Add/Remove <i>Circle one</i>
Name	Date of Birth	Citizen/ Immigrant	Sex	Relationship	Social Security #	Add/Remove <i>Circle one</i>
Name	Date of Birth	Citizen/ Immigrant	Sex	Relationship	Social Security #	Add/Remove <i>Circle one</i>
Name	Date of Birth	Citizen/ Immigrant	Sex	Relationship	Social Security #	Add/Remove <i>Circle one</i>
Name	Date of Birth	Citizen/ Immigrant	Sex	Relationship	Social Security #	Add/Remove <i>Circle one</i>

It is the applicant's responsibility to keep this information current at all times. If you fail to respond to a MHA mailings, or if mail is returned as undeliverable to MHA, your application will be removed from the Wait List.

"If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our Programs and services, please explain below."

NOTES: _____

Signature: _____ Date: _____



Housing Authority of
 The County of Marin
 415/491-2525
 (FAX) 415/472-2186
 (TDD) 1-800-735-2929
www.marinhousing.org