

PROPERTY YOU ARE UPDATING:



<input type="radio"/>	HEAD OF HOUSEHOLD'S FIRST NAME
<input type="radio"/>	HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
<input type="radio"/>	HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) SUFFIX

YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: Yes No Does the HoH have a Social Security Number? If "Yes" you must provide the full SSN!

<input type="radio"/>	HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER	HEAD OF HOUSEHOLD'S DATE OF BIRTH			GENDER
		Month	Day	Year	

ETHNICITY: Also provide your race at right!	RACE: Asian, Black, White, Native American, Pacific Islander, Multi-racial
<input type="radio"/> Hispanic <input type="radio"/> non-Hispanic	Do NOT write Spanish, Hispanic, Latino here – and do NOT write your country!

REQUESTED ACCOMMODATIONS	<input type="radio"/> = <input checked="" type="radio"/> Do you need a:	
<input type="radio"/> Fully Accessible Wheelchair Unit	<input type="radio"/> Blind Accessible Unit	<input type="radio"/> Need an Interpreter
<input type="radio"/> No-Steps unit (elevator to any floor)	<input type="radio"/> Deaf Accessible Unit	<input type="radio"/> Domestic Violence Victim
<input type="radio"/> First-Floor unit only	<input type="radio"/> Unit designed for Environmental Allergies	<input type="radio"/> Personal Care Attendant

HoH's CAREER STAGE	ANY VETERANS? <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Retired	<input type="radio"/> FT Student <input type="radio"/> PT Student

MOBILE RENTAL ASSISTANCE, if any

I do not have mobile rental assistance Mobile Section 8 voucher MRVP AHVP VASH or similar

CRIMINAL RECORD AND SEX OFFENDER | ANY PETS

Head of Household: Any Felony/Conviction? Yes No Any Misdemeanor Conviction? Yes No

Other Members: Any Felony Convictions? Yes No Any Misdemeanor Conviction? Yes No

Is anyone in HH subject to a lifetime sex offender registration in any state? Yes No | ANY PETS? Yes No Describe: _____

CURRENT HOUSING STATUS: Homeless Housing Loss 14 days Fleeing dom violence At risk of homelessness Stably Housed

HOUSEHOLD SIZE AND COMPOSITION	ANNUAL INCOME	DOCUMENTED DISABILITY?
<input type="radio"/> # Adults <input type="radio"/> # Children <input type="radio"/> Total # in Household	<input type="radio"/>	<input type="radio"/> Yes <input type="radio"/> No

BEST TELEPHONE NUMBER TO USE	SECOND TELEPHONE (if you have one)
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BEST EMAIL ADDRESS

BEST MAILING ADDRESS where I currently live a P.O. Box a "care of" address

Street Address (including Apartment Number) or P.O. Box

City, State, and Zip Code:

SECOND MAILING ADDRESS same as above where I currently live a P.O. Box a "care of" address

Street Address (including Apartment Number) or P.O. Box

City, State, and Zip Code:

<input type="radio"/> # BEDROOMS NEEDED	SPECIAL CIRCUMSTANCES? - <i>some programs may assign you a priority status</i>
	<input type="radio"/> Disability <input type="radio"/> Elder <input type="radio"/> Veteran <input type="radio"/> Fleeing Domestic Violence <input type="radio"/> Rent-burdened
	<input type="radio"/> Displaced by Public Action <input type="radio"/> Sanitary Code <input type="radio"/> Natural Forces <input type="radio"/> Other _____