

**HOUSING AUTHORITY OF THE COUNTY OF STANISLAUS
UPDATE QUESTIONNAIRE**

HOUSEHOLD MEMBERS: List ALL persons who will be living with you under the Housing Program you are on or are applying for.

| Last Name, First Name, Middle Name | Relation to Head | Date of Birth | Social Security Number | Source \ Type of Income, ie. Wages, TANF, SSI, etc | Gross Monthly Income |
|------------------------------------|------------------|---------------|------------------------|--|----------------------|
| 1 | Head | | | | \$ |
| 2 | Spouse/Co-Head | | | | \$ |
| 3 | | | | | \$ |
| 4 | | | | | \$ |
| 5 | | | | | \$ |
| 6 | | | | | \$ |
| 7 | | | | | \$ |
| 8 | | | | | \$ |
| 9 | | | | | \$ |
| 10 | | | | | \$ |

NOTE: If you need more space, list additional family members and/or income on a separate sheet of paper.

CONTACT INFORMATION

| | Your Name Address and Phone | Message Contact Person | Emergency Contact Person |
|--------------------|-----------------------------|------------------------|--------------------------|
| Name: | | | |
| Residence Address | | | |
| City, State, Zip | | | |
| Mailing Address | | | |
| City, State, Zip | | | |
| Home Phone | | | |
| Cell Phone / Other | | | |

Absent Parent Name: _____, Address: _____, DOB: _____, SSN: _____

Absent Parent Name: _____, Address: _____, DOB: _____, SSN: _____

Head of household marital status: Never married____ Married____ Separated____ Widowed____ Divorced____

Have you or any family member ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes [] No []

If yes, list names and all Social Security numbers: _____

Primary language of the Head of Household is: English____ Spanish____ Chinese____ Vietnamese____ Farsi____ Tagalog____ Other____

Have you or anyone in the household ever been terminated from any Housing Subsidy program? Yes [] No []

Does anyone in your family owe money to any Housing Authority? Yes [] No []

INCOME INFORMATION

| NOTE: If you answer yes to any of the following questions, give complete details below. Details should include names, amounts, starting and ending dates, frequency, and the family member(s) to whom it applies. | Income per hour, week, month? | Yes | No |
|---|-------------------------------|-----|----|
| ARE YOU OR IS ANYONE LIVING IN YOUR HOUSEHOLD: | | | |
| 1. Currently employed, or have you worked anywhere in the past 18 months? List Employer(s) name, address, phone number | \$ | | |
| 2. Expecting to work in the next 12 months? If yes, explain | \$ | | |
| 3. On leave of absence from work due to lay-off, medical, maternity or military leave? | \$ | | |
| 4. Receiving or expecting to receive unemployment benefits or disability benefits in the next 12 months? | \$ | | |
| 5. Receiving, expecting to receive, or entitled to alimony or child support? | \$ | | |
| 6. Receiving, expecting to receive, or entitled to Veteran's benefits? | \$ | | |
| 7. Receiving, expecting to receive, or entitled to worker's compensation insurance benefits? | \$ | | |
| 8. Receiving or expecting to receive public assistance (TANF \ General Assistance)? | \$ | | |
| 9. Receiving or expecting to receive Social Security benefits (including SSI)? | \$ | | |
| 10. Receiving or expecting to receive income from a pension, annuities or an accident insurance settlement? | \$ | | |
| 11. Receiving cash or in-kind contributions from individuals not living in the unit or from other agencies? | \$ | | |
| 12. Receiving or expecting to receive a scholarship or grant to go to school or job training? | \$ | | |
| 13. Receiving or expecting to receive any other source of income? Explain: | \$ | | |
| 14. Expecting anyone to move in or out of the household? If yes, give name, relationship and change expected. Name: _____ Relationship: _____ Change: _____ | | | |

ASSET INFORMATION

| | | | | | |
|--|-----|-----|------------------------------------|-----|-----|
| Does anyone in your household have any assets listed below? If yes, include all assets owned, used, controlled, shared or held jointly with or for another person(s) | | | | | |
| | Yes | No | | Yes | No |
| Checking Account | [] | [] | Mortgages, deeds, notes | [] | [] |
| Savings account \ credit union account | [] | [] | Retirement funds | [] | [] |
| Trust funds, life or burial insurance | [] | [] | Individual Retirement Plans (IRAs) | [] | [] |
| Stocks, bonds, CD's money market accounts | [] | [] | Employee deferred compensation | [] | [] |
| Real estate, rental property | [] | [] | Other (Explain) | [] | [] |

If you answered "Yes" to any of the items listed above, make sure to complete the following items below

| Type of Asset | Family Member's Name | Current Value | Interest Rate | Amount owed | Name of Bank | Account Number |
|---------------|----------------------|---------------|---------------|-------------|--------------|----------------|
| | | \$ | % | \$ | | |
| | | \$ | % | \$ | | |
| | | \$ | % | \$ | | |
| | | \$ | % | \$ | | |
| | | \$ | % | \$ | | |

Have you sold or given away real property or other assets in the past two years? Yes [] No [] Payment received: \$ _____

If yes, what is the current market value of the asset(s) you disposed of? _____

List all vehicles registered at your address or used regularly by you or your family members. (Use separate sheet of paper if necessary.)

| Vehicle Make | Vehicle Model | Color | Year | Vehicle License Plate # | Registered Owner |
|--------------|---------------|-------|------|-------------------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |

EXPENSES

Do you pay for childcare, which enables you or another family member to go to work? Yes [] No [] If "Yes" complete the following.

| Name of Child Care Provider | Address of Child Care Provider | Phone Number | Cost per Week | Name of child cared for | Name of family member enabled to work |
|-----------------------------|--------------------------------|--------------|---------------|-------------------------|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

Is any household member over the age of 18 a full-time student? Yes [] No [] If "yes" complete the following.

| Name of educational institution | Address of Educational Institution | Phone Number | Amount of Financial Aid | Number of units | Name of adult full-time student |
|---------------------------------|------------------------------------|--------------|-------------------------|-----------------|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

ELDERLY / DISABLED FAMILIES ONLY: (Head of Household/Co Head is at least 62 years of age, permanently disabled, or handicapped.)

Do you have Medicare? Yes [] No [] If yes, what is your Medicare premium? \$ _____

Do you have any other kind of medical insurance? Yes [] No [] If yes, what is your monthly premium? \$ _____,

Name and address of insurance company: _____ Ins. Policy No. _____

Do you receive Medi-Cal? Yes [] No []

Are you paying / expect to pay for medical expenses during the next 12 months that are not covered by medical insurance? Yes [] No []

TENANT \ APPLICANT CERTIFICATION

I / We certify that the information given on this form is accurate and complete to the best of my / our knowledge and belief. I / We understand that giving false statements or information is punishable under federal law, Title 18, Section 1001 of the United States Code. I / We also understand that giving false statements or information is grounds for termination of housing assistance and termination of tenancy.

Head of Household Signature _____ Date _____ Spouse/Co-Head Signature _____ Date _____

Interpreter's Name _____ Interpreter's Phone # _____ Interpreter's Signature _____ Date _____

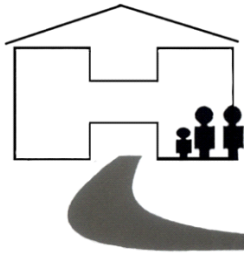
EXISTING TENANTS ONLY:

Tenant obligations: Please read, and then initial each line.

| | |
|---|---|
| _____ I must notify the Housing Authority of all income (including lump sum payments) and any household member changes immediately. | _____ I will notify management in writing prior to being absent from the unit, of arrangements for proper care of the unit during my absence. |
| _____ I understand that if I fail to report changes within 10 days rent increases may be charged retroactive to the 1 st day of the 2 nd month after the change occurred. | _____ I will not keep nor permit to be kept, for any amount of time, any animal(s) (i.e., dog, cat, etc.) without prior written management approval. |
| _____ I will not have any visitor(s) staying in the unit in excess of 14 days in a 52-week period without prior written management approval. | _____ I understand that violation of any of these stipulations will result in a termination of my tenancy with the Housing Authority of the County of Stanislaus. |

Acknowledged by: _____ Tenant Signature

Advised by: _____ Housing Representative



Housing Authority
of the County of Stanislaus

(209) 557-2000
P.O. Box 581918
1701 Robertson Rd.
Modesto, CA 95358-0033
www.stancoha.org

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/We do hereby authorize any agencies, offices, groups, organizations or business firms to release to the Housing Authority of the County of Stanislaus any information or materials which are deemed necessary to complete and verify my/our application for participation and/or to maintain my/our continued assistance under the Conventional Low Rent Program, Farm Labor Program and/or any other program administered by the Housing Authority. The information needed may include verification or inquiries regarding my/our identity, household members, employment and income, assets, training program status, residency and allowances or preferences I/we have claimed. I/we authorize the Housing Authority to request criminal activity and history information from law enforcement agencies and authorizes the Housing Authority to release any applicant/resident information to any requesting law enforcement agency or peace officer in the performance of law enforcement duties. These organizations are to include, but are not limited to: financial institutions, educational institutions, Employment Security Commission, past or present employers, Social Security Administration, State Wage Information Collection Agencies (SWICA), IRS, welfare and food stamp agencies, Veterans Administration, court clerks, utility companies, Workmen=s Compensation Payers, public and private retirement systems, law enforcement agencies, and credit providers.

I/We understand that the Department of Housing and Urban Development (HUD) may conduct computer matching programs in order to verify the information supplied on my/our application or re-certification. It is understood and agreed that this authorization or the information obtained with its use may be given to and used by HUD in the administration and enforcement of program rules and regulations and that HUD may in the course of its duties obtain such information from other Federal, State or local agencies, Management, the Social Security Administration, and State welfare and food stamp agencies.

It is with my/our understanding and consent that a photocopy of this authorization may be used for the purpose stated above.

This consent form expires 24 months after being signed by all adult family members.

| | | |
|--------------------|-----------------------|---------------|
| _____ Signature | _____ Printed Name | _____ Date |
| _____ Signature | _____ Printed Name | _____ Date |
| _____ Signature | _____ Printed Name | _____ Date |
| _____ Signature | _____ Printed Name | _____ Date |
| _____ Signature | _____ Printed Name | _____ Date |
| _____ Signature | _____ Printed Name | _____ Date |

AUTORIZACION PARA CEDER INFORMACION

Yo/Nosotros por la presente autorizamos a cualquier agencia, oficinas, grupos, organizaciones o firmas de negocios de ceder a la Autoridad de Viviendas del Condado de Stanislaus cualquier informacion o documentos los cuales son determinados necesarios para completar y verificar mi/nuestra aplicacion para participacion y/o mantener mi/nuestra asistencia continua bajo el programa convencional de rentas bajas, o el programa para trabajadores agricolas y/o cualquier otro programa administrado por la Autoridad de Viviendas. La informacion necesitada puede incluir verificacion, o informacion tocante a mi/nuestra entidad, miembros de la familia, empleo e ingresos, racion capital, o preferencias que yo/nosotros hemos reclamado relacion legal de programa de entrenamiento y residencia.. Yo/Nosotros Autorizo a la Autoridad de Viviendas a pedir informacion historial de actividad criminal de agencias donde enforzan la ley y autoriza a la Autoridad de Viviendas ceder informacion de cualquier aplicante/residente a cualquier agencia que enforza la ley o cualquier oficial de paz en la ejecucion de las obligaciones del enforzamiento de la ley. Esas organizaciones estan incluidas, pero no estan limitadas a: Instituciones monetarias, Instituciones Educacionales,comision de seguridad de empleo, empleadores pasados o actuales, administracion del seguro social, Estado de pago informacion de agencias de cleccion (SWICA) IRS,agencias de estampillas de comida y asistencia social, administracion de veteranos, secretarios de tribunal, companias de utilidades, pagadores de compensacion al trabajador, sistemas de retiro publico y privado, agencias sancion de la ley, y proveedores de credito.

Yo/nosotros comprendemos que el departamento de viviendas y desarrollo urbano (HUD) puede dirigir programas de comparacion pormedio de computadora para poder verificar la informacion dada en mi/nuestra aplicacion o recertificacion. Esta entendido y de acuerdo que esta autorizacion o recertificacion. Esta entendido y de acuerdo que esta autorizacion o la infomacion obtenida con su uso puede ser dada y usada por HUD en la administracion y sancion de los reglamentos del programa y que HUD puede en el curso de sus obligaciones obtener tal informacion de otras agencias federales, estatales o locales, incluyendo agencias de seguridad de empleo del estado, departamento de la defensa, oficinas de personal y administracion, administracion del seguro social, y agencias de ayuda del estado y estampillas de comida.

Es con mi/nuestro conocimiento y conciento que una fotocopia de esta autorizacion puede ser usada para el proposito antes mencionado.

Esta forma de consentimiento expira 24 meses despues de ser firmada por cada adulto de la familia (18 o mayor)

Firme Arriba

