

**Wait List Preference Declaration: To receive this preference, the landlord must also sign this form. YOU WILL NOT BE GIVEN THIS PREFERENCE WITHOUT THE SIGNATURE OF YOUR LANDLORD AND A COPY OF YOUR LEASE OR RENTAL AGREEMENT. All pages must be included.** Control # \_\_\_\_\_

If any of the following apply, you are NOT eligible to claim this preference.

- § You are currently living in a low-income housing complex and your portion of rent is 30% of your monthly income.
- § The rental unit you are currently living is owned by one of the following persons: A parent, child, grandparent, grandchild, sister or brother of any member of the Section 8 household. (Please note, however, you may qualify for this preference if living in the unit is necessary to accommodate a family member=s disability. If so, continue to complete this form.)

Name of Head of Household: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Current Rent: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Current GROSS Monthly Income (Before taxes) of all Household Members: \_\_\_\_\_

Total Number of Family Members who will be in the household: \_\_\_\_\_

Please Check the Following that Apply to your family (Please check only one):

- \_\_\_\_\_ I am a single parent WITH children
- \_\_\_\_\_ I am an applicant with a spouse/partner AND children
- \_\_\_\_\_ I am a single applicant AND I am disabled or elderly (62 or older)
- \_\_\_\_\_ I am an applicant with a spouse/partner and NO children
- \_\_\_\_\_ I am a single applicant and I am NOT disabled or elderly (over 62)

**LANDLORD=S CERTIFICATION**

\_\_\_\_\_ YES, I certify that I am the current property owner or property manager and I would be willing to rent under the Section 8 Program to my current tenants listed above. (Please indicate any comments on the reverse of this form). **I understand that the family listed above must be presently living in the rental unit in order to qualify for this preference. Their initial date of occupancy was: \_\_\_\_\_**

\_\_\_\_\_  
Property Owner/Managers Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mail Address

**Dear Landlord: If you have any questions regarding this certification or about the Section 8 Program, please call one of the following staff members:** Maria Spencer, Section 8 Supervisor (209) 557-2023  
Bill Hanneman, Inspection Supervisor (209) 557-2037