City of Berkeley
Housing Authority

# SECTION 8 WAIT LIST UPDATE FORM

This form is required to update information previously reported on your application for admission to the Section 8 Housing Choice Voucher Program. It is **NOT** an application to have your name added to the Wait List. **Please complete the form in ink. Please print clearly and legibly.** Thank you.

First Name

Middle Initial

Last Name

Social Security Number - -

Area Code Telephone Number - -

Mailing Address

Apt No.

City

State

Zip Code

**Answer every question below and sign and date this form.**

1. Will another person(s) live with you if you qualify for Section 8? (i.e. children, spouse, significant other, friend, other relative) …… ❑ Yes ❑ No

2. Are either you or your co-applicant 62 years of age or older? (co-applicant means your husband, wife, live-in boyfriend, live-in girlfriend, or fiancé)? …… ❑ Yes ❑ No

3. Are you, or your spouse permanently disabled? …… ❑ Yes ❑ No

4. Is any member of your household, other than yourself or your spouse, permanently disabled? ❑ Yes ❑ No

5.Are either you or your co-applicant an honorably discharged veteran, the surviving spouse of an honorably discharged veteran or a current U.S. serviceman/woman? ❑ Yes ❑ No

6. Have you been ordered to move from your home/apartment because of a disaster (such as a fire or flood) or because a government agency is forcing you to move? ❑ Yes ❑ No

7. Are you interested in being considered for Section 8 Project Based Assistance? ❑ Yes ❑ No

I certify under penalty of perjury that the above statements are true and correct. I understand that reporting false or incomplete statements may result in denial of Section 8 assistance.

Applicant signature _____ Date _____

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