



HOUSING AUTHORITY OF THE CITY OF SANTA BARBARA

Staff Only: Date Stamp

Housing Authority of the City of Santa Barbara (HACSB) Notice of Change(s)

APPLICANT ON WAITING LIST

PARTICIPANT RECEIVING HOUSING ASSISTANCE

HOUSING AUTHORITY CASE MANAGER:

Your Name: Head of Household:

Social Security #: Date of Birth:

Address: State: Zip:

Phone: Alternate Phone:

E-mail:

If reporting an ADDRESS CHANGE, please provide your previous Address:

1. Income Change: (Attach wage stubs or other documentation)

My household income has: Increased / Decreased

Monthly Income Amount: \$

Reason for change:

2. Household Change:

(Participants: Prior to adding anyone to your household, you must get written approval from both the landlord and HACSB)

Table with 4 columns: Add/Remove, Name (print) & SS#, Birthdate, Relationship. Two rows for household members.

3. Student Status Change:

An adult member of my household (someone other than the head of household) is or is no longer a FULLTIME student...

Table with 4 columns: Adult Student, College/Program & Address, # Units, Date of Change.

4. Other changes – explain:

Four horizontal lines for explaining other changes.

Signature: Date:



HOUSING AUTHORITY OF THE CITY OF SANTA BARBARA

Para Uso Del Personal: Sello De Fecha

Housing Authority of the City of Santa Barbara (HACSB) Notificación De Cambio(s)

[] SOLICITANTE EN LA LISTA DE ESPERA

[] PARTICIPANTE RECIBIENDO ASISTENCIA

MANEJADOR(A) DE CASO DE LA AUTORIDAD DE VIVIENDA: _____

Su Nombre: _____ Nombre Principal del Hogar: _____

Seguro Social #: _____ Fecha de Nacimiento: _____

Domicilio: _____ Estado: _____ Código Postal: _____

Teléfono: _____ Teléfono adicional: _____

Correo Electrónico _____

Si está reportando un cambio de domicilio, por favor indique su domicilio previo:

1. [] Cambio de ingresos-incluya comprobantes de salario - (Incluya prueba)

[] Mis ingresos han cambiado: _____ Aumento / _____ Disminución

Ingresos mensuales: \$ _____

Razón por cambio: _____

2. [] Cambio den la composición de la familia

*** (Participantes: Antes de agregar otra persona a su hogar, necesita el permiso del propietario y de HACSB)

Table with 4 columns: Action, Name and Social Security Number, Date of Birth, and Relationship. It contains two rows for adding or removing family members.

3. [] Cambio de estado de estudiante de tiempo completo

*** Un miembro adulto de mi hogar (alguien que no sea la cabeza del hogar) [] si es o [] ya no es estudiante de tiempo completo (según lo definido por la escuela o programa) en colegio o un programa de entrenamiento de trabajo.

Table with 4 columns: Adult Student, School/Program and location, # of units, and Date of change. It contains two empty rows for reporting changes.

4. [] Otros Cambios – describa:

Firma: _____ Fecha: _____