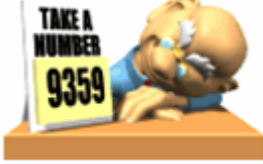


**Now Serving  
0001**



## HOUSING CHOICE VOUCHER (HCV)-SECTION 8 UPDATE FORM

Head of Household Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

(Old Mailing Address): \_\_\_\_\_ (New Mailing Address): \_\_\_\_\_

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

### PLEASE BE SPECIFIC

**Are you adding an additional member(s) to your application? If so, please provide.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

**Do you WORK?**  YES or NO **If yes, where** \_\_\_\_\_

Please provide a letter from your employer stating when you were hired, how many hours you worked, and your rate of pay. **Once you have been sent an appointment for eligibility**

**Are you RECEIVING SSI due to disability?**  YES or NO

Please provide a letter from the Social Security Administration stating your benefit amount.  
**Once you have been sent an appointment for eligibility**

**Are you a FULL TIME Student and will be completing the program within 12 months?**  YES or NO

Please provide a letter from the school you attend stating you are enrolled full time and will graduate within 12 months.  
**Once you have been sent an appointment for eligibility**

### Certification for Local Preference

I claim the following local preference (**check only one box below**). You must provide documentation to support the preference you are claiming in order to be given a preference status on the Housing Assistance Payment Program Waiting List:

\_\_\_\_\_ I am verifiably 62 years of age or older **(35)**

\_\_\_\_\_ I am verifiably homeless **(30)**

\_\_\_\_\_ I am displaced due to no fault of my own **(30)**

\_\_\_\_\_ I am working **(25)**

\_\_\_\_\_ I will graduate from an institute of higher learning within the next 12 months **(25)**

\_\_\_\_\_ I am receiving disability and considered disabled by the Social Security Administration and unable to work **(35)**

\_\_\_\_\_ I do not qualify for a Preference **(0)**

**Warning!! Title 18 U.S.C. 1001 provides among other things, that whoever knowingly and willingly makes or uses a document or writing containing false, fictitious, or fraudulent statements or entries, in any matter within the jurisdiction of any department or agency of the United States has committed fraud and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.**

**IMPORTANT:** If you answered yes to any of the questions above, you must provide proof of the fact you are working, disabled, or a full time student and will graduate within 12 months. **Once you have been sent an appointment for eligibility**

By signing below, I am requesting that **I remain on the WAITING LIST.**

1. I understand that it is my responsibility to inform Aiken Housing Authority of any change of address or telephone number in the future.
2. I understand that failure to report changes could result in my name being removed from the WAITING LIST if Aiken Housing Authority is unable to contact me.
3. I understand that I am not being offered Section 8 Assistance at this time and that I am only updating my application to reflect my current status.
4. I understand that failure to complete this form entirely will result in my name remaining on the waiting list by date and time of application.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date