



2160 41st Avenue, Capitola, CA 95010, Phone: (831)454-9455 Fax: (831) 469-3712

WAITING LIST STATUS FORM

Check here if you are reporting new information

Check here for Waiting List Status

Use this form to update your information (including address) or verify your Waiting List status. When the Housing Authority receives and processes your completed form, we will mail you a letter confirming we have received your information and verifying your Waiting List status. Please be aware that you must keep us informed, in writing or via our online portal, of any changes to your contact information so we can reach you when it is your turn for an eligibility determination. If letters sent to you are returned as undeliverable, no further attempts will be made to contact you and your name will be cancelled from the Waiting List.

WAITING LIST: Santa Cruz Section 8 HCV Program Hollister / San Juan Bautista Section 8 HCV Program
 Other: _____

PLEASE PRINT THE INFORMATION REQUESTED BELOW:

1. First Name: _____ 2. Middle Initial: ____ 3. Last Name: _____
4. Social Security Number: ____ - ____ - _____ 5. Date of Birth: _____
6. Telephone: (____) ____ - _____ 7. Other Telephone: (____) ____ - _____
8. Email (providing an email authorizes the Housing Authority to send me emails): _____
9. Current Resident Address: _____
10. Current Mailing Address (*required if different than residence address*): _____
11. Are you currently homeless? No Yes (Please note that a mailing address must still be provided.)
12. Total annual household income \$ _____
13. In which language do you prefer to communicate? English Spanish TDD Other: _____
14. Please indicate any special features you would require to accommodate a member of your household with disabilities:
 Hearing Access. Mobility Access. Sight Access.
15. Name at the time I placed my name on the list: _____
16. Date or approximate date I placed my name on the list: Month: _____ Year: _____
17. Are you, or any member of your household, a current military service person or a veteran from any branch of the United States armed forces or the surviving spouse of a veteran? No Yes

Information Regarding Eligibility for Special Programs

| Check all that apply | Select Preferences that apply to your household | Description |
|--------------------------|---|--|
| <input type="checkbox"/> | Active agricultural worker | Does your household include any farmworkers? |
| <input type="checkbox"/> | Non – elderly disabled | Does your household include any household member who is a disabled adult between the ages of 18-62? |
| <input type="checkbox"/> | Retired/Disabled local agricultural worker | Does your household include anyone who was previously a farmworker, before retiring or becoming disabled? |
| <input type="checkbox"/> | San Benito County Live/Work | Do you or your spouse/register domestic partner live, work, or have been hired to work in San Benito County? |
| <input type="checkbox"/> | Santa Cruz County Live/Work | Do you or your spouse/register domestic partner live, work, or have been hired to work in Santa Cruz County? |



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Household Members: Please complete the table below for ALL household members. Use another page for additional household members if needed.

| First name | Last name | Date of Birth | Social Security Number | Gender (M/F) | Relationship to Head of Household | Does this person wish to claim disability status? | Ethnicity- Hispanic or Latino? | Race (see below for categories) |
|------------|-----------|---------------|------------------------|--------------|-----------------------------------|--|--|--|
| | | | | | <i>Head of Household</i> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |

- 1 – American Indian or Alaska Native.
- 2 - Asian.
- 3 - Black or African American.
- 4 - Native Hawaiian or Other Pacific Islander.
- 5 - White

Print Name (Head of Household): _____ **Signature:** _____ **Date:** _____

Completed forms can be submitted in person or returned by mail to 2160 41st Ave. Capitola CA 95010. Forms can also be emailed to waitlist@hacosantacruz.org or faxed to 831-469-3712.