

Preference Update and Family Composition Change Form Housing Choice Voucher Program & Public Housing Program

Head of Household Information:		
Full Name:		SSN:
Date:		
Complete Address: Street, City, State and zip		DOB:
Home Phone: Include area code		Cell Phone: Include area code
<input type="checkbox"/>	None	This family has none of the preferences listed on the preference update form.
<input type="checkbox"/>	Graduate of Transitional Housing Program	Graduates of Transitional Housing: This preference is available for families whose head and/or spouse/co-head, with adult member(s) who are graduates of a transitional housing program. The FWHA will require documentation from the agency or institution providing the education or training.
<input type="checkbox"/>	Homeless	The FWHA defines homeless as an individual or family who lacks a fixed, regular and adequate nighttime residence, meaning the individual or family has a primary nighttime residence that is a public or private place not meant for human habitation or is living in a publicly or privately operated shelter designed to provide temporary living arrangement. This category also includes individuals who are exiting an institution where he or she resided for 90 days or less, who resided in an emergency shelter or place not meant for human habitation immediately prior to entry into this institution. The FWHA will require third party verification by a qualified homeless professional to verify the homeless preference.
<input type="checkbox"/>	Involuntarily Displaced	Families who have been involuntarily displaced: Involuntarily displaced means families who have been displaced due to a natural disaster, other national emergency or governmental action of the City of Fort Wayne. The FWHA will require documentation from the governmental agency who declared the disaster or emergency or who enacted the governmental action causing the displacement.
<input type="checkbox"/>	Resident Living/Working in Fort Wayne	A "residency" preference for a family that resides within the city limits of Fort Wayne, IN (or up to 5 miles outside of city limits), or includes a family member who works, or has been notified that they are hired to work in that geographic area.
<input type="checkbox"/>	Working/Social Security/SSI Preference	A preference for "working" families, where the head, spouse, co-head, or sole member is employed. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given this benefit of working preference [24 CFR 930.206(b)(2)]. ___ I (and my spouse) am/are at least 62 years old or older; ___ I (and my spouse) am/are a person with disabilities; and/or ___ I (and/or my spouse) am/are working at least 20hr/wk. ___ I (and/or my spouse) am/are working less than 20hr/wk.

Preferences continued on back

Housing Choice Voucher (Section 8) Preferences:

<input type="checkbox"/>	Not Receiving any Housing Assistance	This preference is for families who are not receiving any type of housing assistance funded through the U.S. Department of Housing and Urban Development.
<input type="checkbox"/>	Qualified* Graduates of Foster Care	The Head of Household is 18 to 25 years of age and a qualified graduate of a Foster Care program. The Fort Wayne Housing Authority will require verification from the agency or institution that supervised the Foster Care of this member showing they completed the program. *Qualified means applicant meets all other suitability standards.

Public Housing Preferences:

<input type="checkbox"/>	Elevated Blood Lead Level Preference	I have a child under the age of seven in my household who has a blood lead level of 45 ug/dl or greater ; or their doctor is requiring chelation therapy due to an elevated blood level. And I have a referral form the Allen County Health Department.
<input type="checkbox"/>	Graduates from an educational, training, or upward mobility program	I am or an adult family member is a graduate of an educational, training, or upward mobility program approved by the Family Self-Sufficiency department of the Fort Wayne Housing Authority.
<input type="checkbox"/>	Pre- and Post-Occupancy Program Preference	I am a graduate of the FWHA Pre and Post Occupancy Training Program.
<input type="checkbox"/>	Veteran Preference	I am a veteran or surviving spouse of the U.S. Armed Forces or U.S. Coast Guard.
<input type="checkbox"/>	Victim of Domestic Violence	A preference for a family that includes a family member who is a victim of domestic violence.

Please list any changes in family composition:

<input type="checkbox"/>	<input type="checkbox"/>	Move In	<input type="checkbox"/>	<input type="checkbox"/>	Move Out	Relation to you:			
Full Name:					DOB:				
SSN:					Sex:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Reason:									

<input type="checkbox"/>	<input type="checkbox"/>	Move In	<input type="checkbox"/>	<input type="checkbox"/>	Move Out	Relation to you:			
Full Name:					DOB:				
SSN:					Sex:	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
Reason:									

Signature

Date