



**COUNTY OF NASSAU  
OFFICE OF HOUSING**

40 MAIN STREET – FIRST FLOOR - HEMPSTEAD, NEW YORK 11550  
(516) 572-1900 FAX (516) 572-2790

**INFORMATION UPDATE  
NASSAU COUNTY HOUSING CHOICE VOUCHER**

The Nassau County Housing Choice Voucher Program, in accordance to Program regulations, is updating the Wait List. Please complete all items listed below and do not leave any spaces blank.

**This form must be returned 14 days from date below. Do not call this office – you will be contacted by mail when Housing Choice Vouchers are available.**

**Head of Household Information**

Last Name		First Name		Social Security #	
Mailing Address:				Date of Birth:	
Home #	Cell #	Alternate #		Is this a new address? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please Note: It is **your** responsibility to inform this office in **writing** within 30 days if you move.

**HOW MANY PEOPLE WILL LIVE IN THIS UNIT?**

# Adults \_\_\_\_\_ # Male \_\_\_\_\_ # Female \_\_\_\_\_ # Children \_\_\_\_\_ # Male \_\_\_\_\_ # Female \_\_\_\_\_

Does **ANY** person who will live in the unit have a **DISABILITY**? No ☐ Yes ☐ Who?

Has **anyone** in your household ever been convicted of a crime? No ☐ Yes ☐

If yes, who?

Please explain:

**FAMILY COMPOSITION:** List **all** persons in household who will live with you if you receive assistance. Please include yourself.

Last Name	First Name	Relationship to Head of House	Sex	Date of Birth	Social Security #	Total Gross Income Yearly
1.						
2.						
3.						
4.						
5.						
6.						
					<b>Total Income</b>	

**Note:** Include income for **ALL HOUSEHOLD MEMBERS**. Sources of income include Employment income (including Overtime), Grant income, SSI, Public Assistance, Social Security, Pensions, Unemployment Insurance, Support Payment Disability Payments, Interest Dividends (from Savings Accounts or Stocks), Income from Assets and other incomes.

**I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.** I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Choice Voucher Program. I also understand that I will be required to submit to The Nassau County Office of Housing and Community Development verification and/or proof to support any or all the claims I have stated above.

**Signature of Head of Household (please sign full name):**

**Date:**

NO ONE MAY CHARGE AN APPLICANT A FEE TO SUBMIT A PRE-APPLICATION AND/OR INFORMATION UPDATE FOR THE SECTION 8 ASSISTANCE AND/OR AS A CONDITION FOR RECEIVING ASSISTANCE. IF YOU ARE DETERMINED ELIGIBLE IF ANYONE ATTEMPTS TO DO SO, PLEASE CALL THE NEW YORK STATE INSPECTOR GENERAL'S OFFICE AT 1-800-367-4448.

**WARNING:** SECTION 1001 OF TITLE 18 OF THE U.S. CODES MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.