



## HOUSING AUTHORITY OF THE CITY OF SANTA ROSA DISCLOSURE STATEMENT

Community Name: \_\_\_\_\_ Management Co.: \_\_\_\_\_

Owner: \_\_\_\_\_ Head of Household Name: \_\_\_\_\_

Dear Applicant:

You are applying for an income restricted rental unit that is part of an affordable housing program administered by the Housing Authority of the City of Santa Rosa.

By signing this disclosure statement, you acknowledge that eligibility to occupy your rent restricted unit is based upon full and honest disclosure of all income, as provided to the owner/management company for the above referenced complex.

You also acknowledge that continuing occupancy of this unit with a restricted rent level is contingent upon the household's income not exceeding the income limits of the affordable housing program. If income exceeds those limits, you may be asked to move. Finally, you are acknowledging that you have to provide, on an annual basis, a full and honest disclosure of your entire household's current income.

**Each adult member of the household must sign that they have read this disclosure.**

_____	_____	_____
Date	Applicant's Signature	Print Name
_____	_____	_____
Date	Applicant's Signature	Print Name
_____	_____	_____
Date	Applicant's Signature	Print Name

Any question feel free to email [HousingTrust@srcity.org](mailto:HousingTrust@srcity.org) or call the main line 707-543-3300.



The City of Santa Rosa does not discriminate against individuals with disabilities in its employment, services, benefits, facilities, programs, or activities. Requests for accommodations, auxiliary aids, or services necessary to participate in a City program, service, or activity, including printed information in alternative formats, are available by contacting the Housing and Community Services Administrative Secretary at 707-543-3300 (TTY Relay at 711) or [HousingTrust@srcity.org](mailto:HousingTrust@srcity.org). Requests should be submitted as far in advance as possible.

