

# HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

## Shared Housing

Shared housing allows you to use your voucher to rent bedroom(s) in a single housing unit occupied by another resident or residents. The shared unit consists of both a common space (living room, a bathroom, food preparation and refuse disposal facilities) for use by all occupants of the unit and separate private space for each assisted family.

The owner of a shared housing unit may reside in the unit, but the resident owner cannot be the parent, child, grandparent, grandchild, sister, brother of any member of the assisted family.

In a shared housing situation, the maximum subsidy amount would be the lower subsidy amount granted, which is listed in box 2b, as shown in the example below.

HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO		
Housing Voucher		
Please read <b>entire</b> document before completing form. Fill in all blanks below. Type or print clearly.		Voucher Number t0000000
1. Insert <b>unit size</b> in number of bedrooms. (This is the number of bedrooms for which the Family qualifies, and is used in determining the amount of assistance to be paid on behalf of the Family to the owner.)		1. Unit Size 1 Bedroom
2. <b>Subsidy Amount:</b> a) Maximum subsidy based on voucher size listed in box 1. b) Maximum subsidy if unit rented is a bedroom size smaller than the voucher size in box 1.		2a \$873
		2b \$394
3. <b>Date Voucher Issued (mm/dd/yyyy)</b> Insert actual date the Voucher is issued to the Family.		3. Issue Date (mm/dd/yyyy) 01/01/2015
4. <b>Date Voucher Expires (mm/dd/yyyy)</b> Insert date 90 days after date Voucher is issued. (See Section 6 of this form.)		4. Expiration Date (mm/dd/yyyy) 04/01/2015
5. <b>Date Extension Expires (if applicable) (mm/dd/yyyy)</b> (See Section 6. of this form)		5. Date Extension Expires (mm/dd/yyyy)
6. Name of Family Representative Jane Doe	7. Signature of Family Representative	Date Signed (mm/dd/yyyy)
8. Name of Public Housing Agency (PHA) <b>HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO (HACSM)</b>		
9. Name and Title of PHA Official	10. Signature of PHA Official	Date Signed (mm/dd/yyyy)

THIS IS A SAMPLE ONLY!

PLEASE REFER TO YOUR VOUCHER FOR  
ACTUAL AMOUNTS