



HOUSING AUTHORITY of the County of Riverside

November 8, 2022

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44-199 Monroe, Ste. B
Indio, CA 92201
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Website: www.harivco.org

The Housing Authority is currently looking for any Housing Choice Voucher Program participants interested in reviewing the Administrative Plan for our next fiscal year of 2023-2024. This will be your opportunity to review the Administrative Plan and make any suggestions you would like to see implemented in the Housing Choice Voucher (Section 8) program.

This year's Resident Advisory Board (RAB) meeting will be held on MONDAY, NOVEMBER 21, 2022 at 10:00AM (sharp) in person at both of our Housing Authority offices located at 5555 Arlington Ave, Riverside, CA 92504 or 44-199 Monroe, Suite B, Indio, CA 92201 as well as via Zoom. You can join the meeting by using the free Zoom app or visiting <https://www.zoom.us/join> . The meeting ID will be 930 0340 0129. The passcode will be hacr2022

All attendees (in person and via Zoom) are required to review the current Administrative Plan on-line and return the attached form to make any suggestions to the Housing Authority located at 5555 Arlington Ave, Riverside, CA 92504 or 44-199 Monroe, Suite B, Indio, CA 92201 or ekreitz@rivco.org. Participation on the Resident Advisory Board is optional, voluntary, and un-paid.

The current Administrative Plan is available for viewing online at:

<https://harivco.org/sites/g/files/aldnop146/files/aboutus/policies/HCV%20Admin%20Plan%202022-2023.pdf>

If you have any further questions regarding Resident Advisory Board participation, and/or to RSVP, please contact Ed Kreitz at 951-343-5442.

HOUSING AUTHORITY OF THE COUNTY OF RIVERSIDE
Resident/Public Comment Form

In preparation for the annual update to the Housing Authority of the County of Riverside's (HACR) Administrative Plan and Annual Plan, HACR is seeking input and feedback from residents and other community stakeholders. Please provide any comments or suggestions in the space provided below. Contact information is optional but appreciated. Assistance will be provided to persons with disabilities who require an accommodation to review and comment on the existing plan. If you require such assistance, please notify the meeting facilitators.

Name _____ Telephone # _____

Address _____

Email address _____

Please circle the appropriate answer.

Are you a program participant? yes / no Are you a Waiting List registrant? yes / no

Comments (Please attach additional sheets if necessary):

Signature: _____ Date: _____