



This form is available in alternate formats by request.

## Housing & Community Development Addition to Household Composition

Additions to the household will generally be permitted only if 1) The addition is a minor child, for which there is legal custody, or 2) The addition is a critically ill parent, or adult child, or the addition is a proposed spouse or "significant other" who is in good standing by Federal Rental Assistance standards, is employed full-time, has not engaged in criminal drug activity or violent criminal activity, can demonstrate a long-term, stable relationship with the Head of Household, and will not over crowd the unit or result in a larger voucher size, unless childbirth or legal adoption.

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I wish to add the following member to my household:

Name: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Current Telephone Number(s): \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Monthly Gross Income: \_\_\_\_\_

List source of income and amount:

\_\_\_\_\_

\_\_\_\_\_

Reason for addition of member:

- ☐ Minor child
- ☐ Critically ill parent, or adult child
- ☐ Significant other
- ☐ Other: \_\_\_\_\_

The following documents are required and must be attached for all persons being added:

- Original Birth Certificate
- Original Social Security Card
- Valid, Photo Identification Card (18 years of age or older)
- Legal Guardianship Documents (Notarized letter NOT acceptable)
- Marriage Certificate (if applicable)
- Proof of all Household Income
- Statement from Property Manager/Landlord indicating approval to add new member to unit

Failure to submit the required verification/documentation will result in the automatic disapproval of your request.

Please be advised that you will be receiving an appointment to update your file.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING STATEMENT: Title 18, Section 1001, of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.

---

HCHCD Staff Use Only

Appointment Date & Time: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_