



## APPLICATION TO ADD NEW MEMBERS TO THE HOUSEHOLD

**THE FOLLOWING INFORMATION IS REQUIRED TO DETERMINE POTENTIAL ELIGIBILITY FOR PROGRAM PARTICIPATION OF ALL NEW HOUSEHOLD MEMBERS. COMPLETION OF THIS FORM DOES NOT GUARANTEE ELIGIBILITY.**

NEW HOUSEHOLD MEMBERS MAY NOT MOVE IN TO THE ASSISTED UNIT UNTIL YOU RECEIVE NOTIFICATION FROM THE HOUSING AUTHORITY THAT APPROVAL HAS BEEN GRANTED.

Full Legal Name of Head of Household: \_\_\_\_\_ Tenant ID: \_\_\_\_\_

### I. NEW MEMBERS REQUESTING TO BE ADDED TO THE HOUSEHOLD

List **all persons**, who you would like to add to your household. Attach additional sheets if necessary. Please note, the remainder of the form requests income, asset, and expense information about these persons you are requesting to add.

<b>A. Adults (age 18 or older)</b>					
Full Legal Name as appears on Social Security Card <i>(Sample: Sue Ann Smith)</i>	Date of Birth <i>(01/09/1970)</i>	Job Title / Occupation <i>(Nurse)</i>	Relation to Head of Household* <i>(Spouse)</i>	Social Security Number <i>(123-45-6789)</i>	Percent of time adult will live in assisted unit <i>(100%)</i>
	/ /				%
	/ /				%
	/ /				%
	/ /				%
<b>B. Children (under 18 yrs)</b>					
Full Legal Name as appears on Social Security Card <i>(Sample: John Matthew Smith)</i>	Date of Birth <i>(07/02/1998)</i>	Name / Address of School or Pre- School <i>(Harbor High, Santa Cruz)</i>	Relation to Head of Household <i>(Son)</i>	Social Security Number <i>(123-45-6789)</i>	Percent of time child will live in assisted unit <i>(100%)</i>
	/ /			- -	%
	/ /			- -	%
	/ /			- -	%

**\* Please include a verification of the relationship between the head of household and the individual(s) you are requesting to add, including birth certificate, marriage certificate, domestic partner registration, court / social service verification, or any other applicable verification of each new member's relationship to the head of household.**

1. Has any potential new household member named above ever used any name(s) or social security number(s) other than the one(s) provided above?  No  Yes (If yes, please explain): \_\_\_\_\_

## II. CRIMINAL HISTORY

Federal regulations require the Housing Authority to review the criminal background of all applicants, and prohibit admission to some applicants based on their criminal history. **THE HOUSING AUTHORITY WILL CONDUCT A CRIMINAL BACKGROUND CHECK ON ALL APPLICANTS AND COLLECT ANY ADDITIONAL INFORMATION DEEMED NECESSARY BY THE HOUSING AUTHORITY.**

2. Has any potential new household member on this form ever been required to register as a sex offender?

No  Yes – If yes, please explain, including name, date and disposition: \_\_\_\_\_

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3. Has any potential new household member on this form ever been evicted from federally assisted housing for drug-related offense in the past three years?

No  Yes – If yes, please explain, including name, date and disposition: \_\_\_\_\_

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4. Has any potential new household member on this form ever been convicted of methamphetamine production or manufacturing?

No  Yes – If yes, please explain, including name, date and disposition: \_\_\_\_\_

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**The Housing Authority may need more information about your criminal history and / or current situation.**

5. Please attach the names and contact information of any parole officer, counselor, or other character reference that could provide information about you. Additionally, please provide copies of release paperwork, character reference letters from probation officers or counselors, copies of program completion certificates, or any documentation that would help substantiate rehabilitation. **If someone in the household has a criminal background, the Housing Authority will evaluate all of the information we receive before we make a decision. Therefore, contact information of the individuals above, and / or release paperwork, character reference letters and other documentation may influence whether your application is accepted or denied.**

### III. HOUSEHOLD INCOME – ALL INCOME MUST BE REPORTED

#### A. Employment Income

6. Does ANY potential new household member on this form (age 18 or older) receive ANY of the following types of Employment Related Income?

- Yes    No   a. Employment Income (wages, salary, commissions, fees, tips, or bonuses)  
 Yes    No   b. Self-Employment Income (independent contractor, personal business, day labor, odd jobs, etc.)  
 Yes    No   c. Severance Pay (extra pay given to an employee upon termination of employment)  
 Yes    No   d. Pension / Retirement (from previous employment, excluding Social Security)

**IF NO to all of the above**, you may skip the table below and proceed to question 7.

**IF YES to any of the above**, use the space below to provide information about each person’s employment related income. Report all current employment related income for every adult. If any adult has more than one job (or type of employment related income), use additional rows as needed. If you don’t know your employer’s address, look at a current pay stub. **If self-employed**, use the space below to provide information about your customers and clients. Attach additional sheets if necessary.

Name of Adult	Name of Employer / Address where Employment can be Verified ( <i>If self-employed, list customers / clients</i> )	Phone Number / Fax Number	Type of Income	<u>Gross</u> Amounts
<i>Sample:</i> <u>Sue</u>	<i>Main Hospital, 123 Main Street City, State Zip Code</i>	Phone: 555-1111 Fax: 555-2222	<input checked="" type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Severance Pay <input type="checkbox"/> Pension / Retirement	Rate per hr: <u>\$10.00</u> Hrs per week: <u>25</u>
		Phone: Fax:	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Severance Pay <input type="checkbox"/> Pension / Retirement	Rate per hr: _____ Hrs per week: _____
		Phone: Fax:	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Severance Pay <input type="checkbox"/> Pension / Retirement	Rate per hr: _____ Hrs per week: _____
		Phone: Fax:	<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Severance Pay <input type="checkbox"/> Pension / Retirement	Rate per hr: _____ Hrs per week: _____

#### B. Alimony / Spousal Support and Child Support

7. Does ANY potential new household member on this form receive, or have a court order to receive, alimony / spousal support and / or child support / disregard for AFDC?    Yes    No

**IF NO to the above**, you may skip the table below and proceed to question 8.

**IF YES to the above**, use the space below to provide information about alimony and / or child support ordered and / or received. Attach additional sheets if necessary.

Person Receiving Support	Name, Address, AND County of Family Support Division or Other Agency	Payee / Participant Number	Type of Support	<u>Monthly</u> Amount Ordered	<u>Monthly</u> Amount Received
			<input type="checkbox"/> Alimony / Spousal <input type="checkbox"/> Child Support	\$ _____ \$ _____	\$ _____ \$ _____

### C. Non-Employment Income

8. Does **ANY** potential new household member on this form receive Unemployment, Disability, Social Security, Supplemental Security Income (SSI), Veterans Benefits, or Cash Aid / Welfare (including CalWORKS, AFDC – Assistance to Families with Dependent Children, TANF – Temporary Assistance for Needy Families, GA – General Assistance, or Kin Gap)?

Yes  No

**IF NO to the above**, you may skip the table below and proceed to question 9.

**IF YES to the above**, list the GROSS amount of non-employment income each household member receives PER MONTH from each of the income sources listed. Attach additional sheets if necessary. **If a household member does not receive one or more of the listed types of income, write “No” or “None” in the space provided.**

Person Receiving Income	Unemployment Development Department (EDD) Unemployment (UIB)	Employment Development Department (EDD) Disability	Social Security Benefits / SSB & Supplemental Security Income / SSI	Veterans Benefits	Cash Aid / Welfare (CalWORKS, AFDC, TANF, GA, KinGap)
<i>Sample: Sue</i>	<i>None</i>	<i>\$685</i>	<i>None</i>	<i>None</i>	<i>\$380</i>

9. Does **ANY** potential new household member on this form receive Workers Compensation or payments for a Foster or Adopted child

Yes  No

**IF NO to the above**, you may skip the table below and proceed to question 10.

**IF YES to the above**, use the space below to provide information about each person’s Workers Compensation or Foster / Adoption income. Attach additional sheets if necessary.

Person Receiving Income	Type of Income	Name, Address, and County of Income Source	Monthly Amount Received
	<input type="checkbox"/> Workers Compensation <input type="checkbox"/> Foster / Adoption		\$_____
	<input type="checkbox"/> Workers Compensation <input type="checkbox"/> Foster / Adoption		\$_____

10. Does **ANYONE** outside of your household pay for any potential new household member’s bills or expenses, or give any potential new household member money or any non-monetary contributions or gifts (such as groceries, products or services)?  Yes  No

**IF NO to the above**, you may skip the table below and proceed to question 11.

**IF YES to the above**, use the space below to provide information about contributions received. Attach additional sheets if necessary.

Type of Contributions or Gifts Received	Name / Address of Person or Agency who Contributes	Phone Number	Amount or Value	How Often

11. Does **ANY** potential new household member on this form receive **ANY OTHER ASSISTANCE OR INCOME** that has not been reported on this form?  Yes  No

**IF NO to the above**, you may skip the lines below and proceed to question 12.

**IF YES to the above**, use the lines below to provide information about **ANY** other assistance or income received, who receives the income, and the address where the income can be verified. Attach additional sheets if necessary.

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12. Are any current household members or any potential new household members on this form currently in the process of applying for any additional sources of income such as Unemployment, Disability, Social Security, Supplemental Security Income (SSI), Veterans Benefits, or Welfare (including AFDC, TANF, or General Assistance) or Workers Compensation or Foster / Adoption Income?

Yes  No (**No one in the household is in the process of applying for any additional sources of income.**)

**IF NO to the above**, you may skip the table below and proceed to question 13.

**IF YES**, use the space below to provide information about each person who is applying for additional income sources.

Person Applying for Income	Type of Income	Date Applied	Date Income is Expected	<u>Monthly</u> Amount Expected
				\$ _____
				\$ _____

#### IV. ASSETS – ALL ASSETS MUST BE REPORTED

##### D. Bank Accounts

13. Does **ANY** potential new household member on this form have any accounts (checking, savings, or other) with a financial institution?  Yes  No

**IF NO to the above**, you may skip the table below and proceed to question 14.

**IF YES to the above**, use the space below to provide account information. **If more than one person is named on an account, please list all account holders.** List only one account on each line. Attach additional sheets if necessary.

Financial Institution / Bank Name and Address	<u>All</u> Name(s) on Account	Account Number	Account Type (Checking, Savings, Etc.)	Current Balance
				\$ _____
				\$ _____
				\$ _____

## E. Investment Accounts / Retirement Accounts / Real Estate Property

14. Does **ANY** potential new household member on this form have any of the following?

- |                                      |  |   |  |
|--------------------------------------|--|---|--|
| Certificates of Deposit              | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lottery Winnings                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Savings Certificates                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insurance Settlements                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Money Market Funds                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Whole Life Insurance (with cash value)      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Trust Funds                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lump Sum Inheritance                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Special Needs Trusts                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | 401(k) Retirement (that you have access to) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mobile Home                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Stocks                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Land                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bonds                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| House                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cash (if yes, how much: \$_____)            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Independent Retirement Acct. (IRA)   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Self Employed Retirement (Keogh)            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Personal Investments (jewels, coins) | <input type="checkbox"/> Yes <input type="checkbox"/> No | (if yes, list type: _____ value: _____)     |  |

**IF NO TO ALL OF THE ABOVE**, you may skip the table below and proceed to question 15.

**IF YES TO ANY OF THE ABOVE**, use the space below to provide the requested information. Attach additional sheets if necessary.

Financial Institution / Bank Name and Address	Name(s) on Account	Account Number	Account Type	Estimated Balance / Value
				\$_____
				\$_____

15. Does **ANY** potential new household member on this form have **ANY OTHER ASSET** that has not been reported on this form?  Yes  No

**IF NO to the above**, you may skip the lines below and proceed to question 16.

**IF YES to the above**, use the lines below to provide information about other assets. Attach additional sheets if necessary.

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## F. Disposal of Assets

16. In the past two years, has **ANY** potential new household member on this form sold or given away any type of asset (such as money, bank accounts, house, land, mobile home, real estate property, investment accounts, retirement accounts, life insurance policies, or any other assets)?  Yes  No

**IF NO to the above**, you may skip the table below and proceed to question 17.

**IF YES to the above**, use the space below to provide the requested information. Attach additional sheets if necessary.

Person who had Asset	Type of Asset Sold or Given Away	Value when sold or given away	Amount Received
		\$_____	\$_____
		\$_____	\$_____

## V. ALLOWANCES

### G. Child Care

17. Does **ANY** potential new household member on this form have expenses for childcare of a child aged 12 or younger to allow a household member to work, look for work, or further his / her education (academic or vocational)?  
 Yes  No

**IF NO to the above**, you may skip the table below and proceed to question 18.

**IF YES to the above**, use the space below to provide information about childcare expenses. Please list all agencies, groups, and providers that you pay out of pocket child care expenses to. Do not include any costs that are reimbursed from an outside agency or person. Attach additional sheets if necessary.

Name of Child(ren)	Name of Adult who is able to work, look for work, or go to school because of this Childcare	Name and Address of Agency, Group or Provider that you pay for Child Care	Telephone Number	<u>Monthly</u> Cost to Household
				\$ _____
				\$ _____

### H. Medical Expenses and Disability Assistance Expenses

Based on your responses to the following questions, the Housing Authority may contact you for additional information to determine whether or not you are eligible for any allowance.

18. Is **ANY** potential new household member on this form a person with disabilities (do not include temporary disabilities)?  Yes  No

If yes to above, list name of person with disability: \_\_\_\_\_

19. Does **ANY** potential new household member on this form currently have any unreimbursed (paid out-of-pocket) medical expenses, including Medical insurance premiums?  Yes  No

If yes to the above, list name of person with unreimbursed medical expenses: \_\_\_\_\_

20. Do you anticipate any expenses in the next 12 months for care attendants or medical equipment for a household member with disabilities, to allow that household member or another household member to work?  Yes  No

### I. Student Status

21. Is **ANY** potential new household member on this form (age 18 or older) enrolled in any classes at an institution of higher education?  Yes  No

**IF NO to the above**, you may skip the table below and proceed to the Rental History Section below.

**IF YES to the above**, use the space below to provide information about student status. Attach additional sheets if necessary.

Name of Student	Name of School	Student Status	Address of School
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

## VI. RENTAL HISTORY

Complete the following for each adult you would like to add to the household. Attach additional sheets if necessary.

Name of current landlord:	_____	Phone number:	_____
Address of current landlord:	_____		
Current address of adult requesting to be added:	_____	From:	To:
Current phone number of adult requesting to be added:	_____		
Name of previous landlord:	_____	Phone number:	_____
Address of previous landlord:	_____		
Previous address of adult requesting to be added:	_____	From:	To:

Has **ANY** potential new household member on this form ever lived in public housing (property owned by a housing authority) or federally subsidized housing?  No  Yes

**IF NO to the above**, you may skip the lines below and proceed to question 22.

**IF YES to the above**, complete the table below. Attach additional sheets if necessary.

Name at that time (if different)	_____
Date(s) of occupancy	_____
Address of unit	_____
Name of owner / Housing Authority	_____
Reason for leaving	_____

22. Does **ANY** potential new household member on this form currently owe money to any housing authority or any other agency that provides federally subsidized housing?  No  Yes

**IF NO to the above**, you may proceed to question 23.

**IF YES to the above**, please use the lines below to indicate who owes money, how much money is owed, who the money is owed to, and why the money is owed:

\_\_\_\_\_  
\_\_\_\_\_

23. Has **ANY** potential new household member on this form committed fraud or been requested to re-pay money for knowingly misrepresenting information in a federally subsidized housing program?  No  Yes

**IF NO to the above**, you may proceed to the optional Special Needs section or to the Certifications section on the following page.

**IF YES to the above**, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## VII. SPECIAL NEEDS (OPTIONAL)

To help assess special housing needs, please indicate any specific features any potential new household member on this form would require to accommodate a disability.

- Wheelchair accessibility   
  Ground floor unit   
  No exterior stairs   
  No interior stairs   
  Grab bars  
 Lever faucets and / or door knobs   
  Handrails   
  Braille   
  Accommodations for a seeing-eye dog  
 Indicator lights for those with impaired hearing   
  Other: \_\_\_\_\_  
 (doorbell, smoke alarm, etc.)

## VIII. CERTIFICATIONS

**ALL ADULT HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST READ AND PERSONALLY SIGN THIS STATEMENT. NO ONE, INCLUDING PARENTS AND SPOUSES, MAY SIGN ON BEHALF OF ANY ADULT.**

1. I do hereby swear and attest that all of the listed information is true, complete, and correct.
2. I understand that false information or statements or omission of information are punishable under federal law.
3. I understand that false statements or false information are grounds for termination of housing assistance.
4. I understand the following items regarding changes to my household composition, income, and other information.
  - a. I understand that all new household members must be approved in writing by the Housing Authority prior to moving in to the assisted unit.
  - b. I understand that I must report all changes in household income and assets in writing within 14 calendar days.
  - c. I understand that I must report all changes in address and telephone number in writing within 14 calendar days.
5. I understand that if I do any of the following, I may lose my rental assistance:
  - a. Fail to fulfill my obligations to submit my eligibility documents on time
  - b. Fail to attend or be on time for my recertification appointment(s), or any other Housing Authority appointment(s)
  - c. Fail to make my unit available for the annual Housing Quality Standards inspection at the appointed time
  - d. Fail to comply with any program responsibilities, including obligations listed on my voucher or in my lease.
  - e. Commit program fraud (for example not reporting income, unauthorized people in the unit, and any other type of program fraud)
6. I understand that all members of my household are prohibited from any activity (including criminal activity and / or the use of drugs or alcohol) that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents.
7. I understand that I will be required to repay all rental assistance overpaid on my household's behalf due to fraud.

**WARNING – TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

**ALL OF THE INFORMATION ON THIS FORM WILL BE INDEPENDENTLY VERIFIED BY THE HOUSING AUTHORITY. IF YOU LIE OR OMIT INFORMATION, YOUR ASSISTANCE WILL BE TERMINATED AND YOU WILL HAVE TO PAY BACK ALL ASSISTANCE OVERPAID DUE TO FRAUD.**

X Print Head of Household Name	Signature of Head of Household	Date
X Print Name	Signature of Other Adult	
X Print Name	Signature of Other Adult	
X Print Name	Signature of Other Adult	