Housing Authority

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REQUEST TO ADD NEW FAMILY MEMBERS

DATE: _____

This form must be completed to add any new members to your household and must be approved prior to this person moving into the home.

PART I: TO BE COMPLETED BY HEAD OF HOUSEHOLD		
Head of Household (HOH):		
Address:		
Current Phone Number:		
Please provide the following information of the person you wish to add to your household:		
Name:		
Relationship to HOH:		
Effective Date of Addition:		
SSN:	**DOB:**	**Gender:** Male or Female
This household member is a person with a disability: ☐**Yes** ☐**No**		

I agree to provide any documentation necessary to add/remove the above family member. I have notified my landlord of my intent to add a family member to my household. I understand that eligibility for the Housing Choice Voucher Program depends on the results of a criminal background check conducted through the Colorado Bureau of Investigation and Sex Offender Registry. I authorize BCHA to conduct a CBI check on all adult members of my household. I certify that the information provided is true and correct.

Signatures	Date
Head of Household:	
New Household Member: (sign only if an adult)	
Landlord:	

When submitting this request, please also include the following <u>for the new household member</u>:

- ☐ Identification Card/Driver's License (over 18 years old)
- ☐ Birth Certificate
- ☐ Social Security Card
- ☐ Income Verification (over 18 years old), if applicable
- ☐ Bank Statement(s)/Asset Documentation, if applicable

You will also need to return the following documents included with this form:

- ☐ Tenant Questionnaire
- ☐ Declaration of 214 Status form
- ☐ Authorization for the Release of Information (2x)

Failure to supply all necessary, required documentation will delay BCHA's ability to approve your request

BCHA Staff Only: Approval/Denial is on back of form

PART II: BCHA USE ONLY
Request to add household member is: ☐Approved ☐Denied
If denied, reason is:
Effective Date: _____ Voucher size: _____ ☐no change of voucher size ☐increased
Approved by (staff signature): _____ Date: _____