

SECTION 8 ADDITIONAL HOUSEHOLD MEMBER

Current Head of Household Name: _____

Current Head of Household Social Security # _____

**Please use the following codes for Race:

W- WHITE, B - BLACK, A - AMERICAN INDIAN/ALASKAN NATIVE, A/P - ASIAN OR PACIFIC ISLANDER

Please add the following person(s) to my housing assistance

NAME: _____

NAME: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

AGE: _____ SEX: _____

AGE: _____ SEX: _____

**RACE: _____ ETHNICITY: _____

**RACE: _____ ETHNICITY: _____

SS # _____

SS # _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

Have you or any member of the household or person(s) being added ever been involved in any criminal activity? This includes but is not limited to: ALL arrests, charges, misdemeanors, felonies, jail or prison

YES _____

NO _____

MEMBER NAME	DATE(S) OF ACTIVITY	PLACE(S) OF ACTIVITY	CHARGE(S)	FINAL DISPOSITION OF CASE
OFFICE USE ONLY:	Date ran:	Employee Initials:	Pass:	Fail:
Backgrounds ran:				
Checked Sex Offender registry:				

I understand that before anyone can reside in the household, I must provide CHA this form, copies of the additional householdmembers social security card, citizenship form, written approval from landlord and any 3rd party verification requested from the housing authority. I also understand that CHA msut approve the additional household member prior to allowing them to reside in the unit.

SIGNATURE OF HEAD OF HOUSEHOLD: _____

PRINTED NAME OF HEAD OF HOUSEHOLD: _____

DATE: _____