

NEW YORK CITY HOUSING AUTHORITY
PUBLIC HOUSING

**A. REQUEST TO ADD A NEW HOUSEHOLD MEMBER
(PERMANENT/TEMPORARY)**

1. NAME	4. ACCOUNT NUMBER
2. RESIDENT ADDRESS	5. CASE NUMBER
	6. ANNUAL REVIEW QUARTER
	7. PERIOD COVERED
	8. DUE DATE

B. RULES ABOUT REQUESTS TO ADD A NEW HOUSEHOLD MEMBER

A. Note To Tenant: Only authorized household members are allowed to reside in your apartment. If you want to add a new household member you must request permission by completing and submitting this form, along with any needed documentation, to the Property Management office or online. Use one form per person.

Permission requests must be made by (1) the tenant (lessee), (2) in current occupancy; and (3) in good standing. The proposed new household member must be eligible based on NYCHA standards for occupancy and desirability (including passing a criminal background check for persons age 16 and older). No one becomes authorized to reside in your household unless and until the Property Manager grants permission in WRITING. If permission is not granted (disapproved), you may request a grievance hearing to review the Property Manager's decision.

Types of Permission:

Permanent Permission: Complete ALL sections below. If permanent permission is granted, the additional person's income will be included in the rent-income calculation and your rent will be adjusted accordingly. After your tenancy ends, a person with permanent permission who resided continuously in the apartment (for at least one year) might have succession or remaining family member rights.

PERMITTED PERSONS: A formerly authorized occupant who moved out of the household and seeks permission to rejoin the household, or one of the following: (a) Family Growth: a person born to, adopted by or the ward (under the legal custody/guardianship) of the tenant or an authorized permanent household member while the household member resides in the apartment, (b) the tenant's: spouse or domestic partner and their minor children, or (c) the tenant's: child, stepchild, parent, step-parent, sibling (including half-brother/sister), grandparent, grandchild, son-in-law, daughter-in-law, father-in-law, mother-in-law.

Temporary Permission: Complete ALL sections below **EXCEPT Sections C and D (income or asset information)**. If temporary permission is granted, the income of the added person is not counted toward the rent. Temporary permission is for a limited time period (usually one year). **After your tenancy ends, the temporary permission ends, and the person has no succession or remaining family member rights.** **PERMITTED PERSONS:** Relatives or good friends of the tenant, foster children or caregivers / home care attendants.

B. Please complete the section(s) below to request the addition of a new household family member.

C. TYPE OF PERMISSION REQUESTED: 1. PERMANENT 2. TEMPORARY

D. Relationship Codes:	01 Head	02 Spouse	04 Child	06 Parent	08 Sibling	10 Other Adult
	1A Co-Head	03 Grandparent	05 Grandchild	07 Foster Child	09 Other Minor	11 Live-in Aide

E. PROPOSED NEW HOUSEHOLD MEMBER

1. LAST NAME	2. FIRST NAME	3. MIDDLE NAME

4. SOCIAL SECURITY NUMBER	5. RELATIONSHIP CODE	6. DATE OF BIRTH
		(mm/dd/yyyy)

7. SEX <input type="checkbox"/> a. MALE <input type="checkbox"/> b. FEMALE	8. ETHNICITY <input type="checkbox"/> a. HISPANIC OR LATINO <input type="checkbox"/> b. NOT HISPANIC OR LATINO	9. RACE <input type="checkbox"/> a. WHITE <input type="checkbox"/> b. BLACK/ AFRICAN AMERICAN	c. AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> d. NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	e. ASIAN <input type="checkbox"/> a. YES <input type="checkbox"/> b. NO
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11. INDICATE YOUR CITIZENSHIP STATUS:

If you have not already done so and if you are a Non-Citizen that has eligible immigration status, you must submit documentation to prove that status with this Affidavit.

a. U.S. CITIZEN c. NON-CITIZEN WITH ELIGIBLE STATUS
PLEASE PROVIDE ALIEN REGISTRATION # - OR- I-94 #:

b. INELIGIBLE NON-CITIZEN

12. DO YOU CURRENTLY ATTEND SCHOOL (COLLEGE, UNIVERSITY, OR VOCATIONAL TRAINING)?

You must provide a current enrollment letter from a school as proof of full-time or part-time student status with this Affidavit.

a. YES, FULL-TIME b. YES, PART-TIME c. NO d. START DATE:
(mm/dd/yyyy)

13. IF 'YES', PLEASE PROVIDE SCHOOL NAME AND SCHOOL ADDRESS.

a. SCHOOL NAME

b. ADDRESS

c. CITY

d. STATE

e. ZIP CODE

14. DO YOU ANTICIPATE BEING A STUDENT WITHIN THE NEXT TWELVE (12) MONTHS?

a. YES, FULL TIME b. YES, PART TIME c. NO

C. INCOME AND ASSET INFORMATION (Proposed New Household Member / Not for Temporary Permission)

A. DO YOU HAVE ANY INCOME?

1. YES 2. NO (IF YOU CHECK 'NO', THIS FORM ACTS AS AN AFFIRMATION OF NON-INCOME)

B. If you have any source of income, regardless of your employment status, please indicate each income source separately below.

1. INCOME SOURCE #1 (PLEASE SELECT ONLY ONE INCOME SOURCE)

<input type="checkbox"/> a. ADOPTION/FOSTER CARE	<input type="checkbox"/> e. MILITARY PAY/VETERAN'S AFFAIR (VA) BENEFITS	<input type="checkbox"/> i. SOCIAL SECURITY	<input type="checkbox"/> m. SOCIAL SECURITY SURVIVOR'S BENEFITS
<input type="checkbox"/> b. CHILD SUPPORT/ALIMONY	<input type="checkbox"/> f. PENSION/ANNUITY	<input type="checkbox"/> j. UNEMPLOYMENT INSURANCE	<input type="checkbox"/> n. SOCIAL SECURITY DISABILITY
<input type="checkbox"/> c. CONTRIBUTIONS	<input type="checkbox"/> g. PUBLIC ASSISTANCE	<input type="checkbox"/> k. WORKER'S COMPENSATION	
<input type="checkbox"/> d. EMPLOYMENT (WAGES)	<input type="checkbox"/> h. SELF-EMPLOYMENT	<input type="checkbox"/> l. SUPPLEMENTAL SECURITY INCOME (SSI)	

2. START DATE

(mm/dd/yyyy)

3. TOTAL INCOME

\$, .

4. PER (SPECIFY TIME PERIOD)

a. WEEKLY c. MONTHLY
 b. BI-WEEKLY d. SEMI-MONTHLY e. ANNUALLY

5. NAME OF INCOME SOURCE #1

6. TELEPHONE NUMBER

7. ADDRESS

a. CITY

b. STATE

c. ZIP CODE

1. INCOME SOURCE #2 (PLEASE SELECT ONLY ONE INCOME SOURCE)

<input type="checkbox"/> a. ADOPTION/FOSTER CARE	<input type="checkbox"/> e. MILITARY PAY/VETERAN'S AFFAIR (VA) BENEFITS	<input type="checkbox"/> i. SOCIAL SECURITY	<input type="checkbox"/> m. SOCIAL SECURITY SURVIVOR'S BENEFITS
<input type="checkbox"/> b. CHILD SUPPORT/ALIMONY	<input type="checkbox"/> f. PENSION/ANNUITY	<input type="checkbox"/> j. UNEMPLOYMENT INSURANCE	<input type="checkbox"/> n. SOCIAL SECURITY DISABILITY
<input type="checkbox"/> c. CONTRIBUTIONS	<input type="checkbox"/> g. PUBLIC ASSISTANCE	<input type="checkbox"/> k. WORKER'S COMPENSATION	
<input type="checkbox"/> d. EMPLOYMENT (WAGES)	<input type="checkbox"/> h. SELF-EMPLOYMENT	<input type="checkbox"/> l. SUPPLEMENTAL SECURITY INCOME (SSI)	



6. If you checked real estate, house, co-op, or condo above, please answer questions number 7 and 8 below, and submit a signed statement for each property that shows the following information: type of property, address, percent of ownership, date of purchase, original purchase price, amount of existing loans that includes name of the lender, current value, and income, if any, for the past year.

7. PERCENT (%) OWNED

Form with 4 boxes for percent owned

8. PROPERTY INCOME YOU EARNED LAST 12 MONTHS

Form with dollar sign and boxes for property income

D. When reporting additional income or assets to the Authority, please attach the related supporting documents, such as paystubs, or bank statements, to this package when returning it.

A. DID YOU SELL OR GIVE AWAY ANY ASSETS IN THE PAST 2 YEARS IN EXCESS OF \$1,000?

Form with checkboxes for YES and NO

*3. IF YES, PLEASE COMPLETE THE INFORMATION BELOW. IF NO, SKIP THIS SECTION.

4. TYPE OF ASSET

Form with 20 boxes for type of asset

5. DATE GIVEN AWAY OR SOLD

Form with boxes for date

(mm/dd/yyyy)

6. SALE PRICE

Form with dollar sign and boxes for sale price

7. MARKET VALUE AT TIME OF DISPOSITION OR SALE

Form with dollar sign and boxes for market value

E. SEX OFFENDER REGISTRATION

A. HAVE YOU BEEN REQUIRED TO REGISTER AS A LIFETIME SEX OFFENDER IN ANY STATE?

Form with checkboxes for YES and NO

*B. IF YES, PLEASE PROVIDE THE NAME OF THE STATE REQUIRING REGISTRATION. IF NO, SKIP THIS SECTION.

Form with 20 boxes for state name

F. CERTIFICATION: TO BE SIGNED BY TENANT AND PROPOSED NEW HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER

NOTICE: The New York City Housing Authority may ask for proof of all statements made and an authorization signed by the adult proposed new household member for the release of information. Failure to supply any additional information required by the date requested, or willful submission of incorrect information, may result in a denial of the permission request, back charge for rent, termination of your tenancy and civil or criminal prosecution.

CERTIFICATION:

- I/We certify that the information listed on all pages of this form, including household composition, income, net family assets, and allowance and deductions is accurate and complete to the best of my/our knowledge and belief.
I/We certify all Employment Certification or statements from employers that I have submitted have been completed and signed by the employer or an authorized representative of the employer.
I/We authorize the New York City Housing Authority to independently verify the accuracy of all information submitted, including by using the US Department of Housing and Urban Development (HUD) Enterprise Income Verification system.
I/We certify that the proposed new household member will use this apartment solely as a residence.
I/We certify that I/We have received and reviewed the Highlights of House Rules, Lease, Law and NYCHA Policy and understand that the additional person will be subject to the same conditions of behavior and residence as the rest of my family.
I/We understand that providing false statements or information is punishable under Federal and local laws. I/We also understand that providing false statements or information is grounds for termination of tenancy. Further, I/We have read or have had read to me/us the above statement.

1. PROPOSED NEW HOUSEHOLD MEMBER PRINT NAME

Form with 20 boxes for proposed new household member print name

2. PROPOSED NEW HOUSEHOLD MEMBER (if age 18 and older) SIGNATURE

Form with box for proposed new household member signature

3. SIGNATURE DATE

Form with boxes for signature date

(mm/dd/yyyy)

B. Tenant/Head of Household must also sign and date this Form below.

1. TENANT/HEAD OF HOUSEHOLD PRINT NAME

Form with 20 boxes for tenant/head of household print name

2. TENANT/HEAD OF HOUSEHOLD SIGNATURE

Form with box for tenant/head of household signature

6. SIGNATURE DATE

Form with boxes for signature date

(mm/dd/yyyy)

G. If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-669-9777.

