Reset

NEW YORK CITY HOUSING AUTHORITY
PUBLIC HOUSING

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

1. NAME	3. ACCOUNT NUMBER
2. RESIDENT ADDRESS	4. CASE NUMBER
	5. ANNUAL REVIEW QUARTER
	6. 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 and the Consent for Criminal Records 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	1A Co-Head	02 Spouse/Domestic Partner	03 Grandparent	04 Child	05 Grandchild
	06 Parent	07 Foster Child	08 Sibling	09 Other Minor	10 Other Adult	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. **CURRENT ADDRESS OF PROPOSED MEMBER**

8. CITY 9. STATE 10. ZIP CODE

11. **SEX**	12. ETHNICITY	13. RACE	14. DISABILITY
☐ a. MALE ☐ c. NON-BINARY	☐ a. HISPANIC OR LATINO	☐ a. WHITE ☐ c. AMERICAN INDIAN/ ALASKA NATIVE ☐ e. ASIAN	☐ a. YES
☐ b. FEMALE	☐ b. NOT HISPANIC OR LATINO	☐ b. BLACK/ AFRICAN AMERICAN ☐ d. NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER	☐ b. NO

15. 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 ☐ b. INELIGIBLE NON-CITZEN ☐ c. NON-CITIZEN WITH ELIGIBLE STATUS PLEASE PROVIDE ALIEN REGISTRATION # - *OR* - I-94 #.

C. SEX OFFENDER REGISTRATION

A. HAVE YOU BEEN REQUIRED TO REGISTER AS A LIFETIME SEX OFFENDER IN ANY STATE? ☐ 1. YES* ☐ 2. NO

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

D. SELF-SUFFICIENCY PROGRAM

1. ARE YOU EMPLOYED AND PARTICIPATING IN AN ECONOMIC SELF-SUFFICIENCY OR OTHER JOB PROGRAM? ☐ a. YES ☐ b. NO

2. IF *'YES'*, PLEASE PROVIDE PROGRAM NAME AND PROGRAM TYPE.

a. PROGRAM NAME

b. PROGRAM TYPE

E. ACCESS & FUNCTIONAL NEEDS STATUS (Proposed New Household Member / Not for Temporary Permission)

A. DO YOU HAVE ACCESS AND/OR FUNCTIONAL NEED(S)? ☐ 1. YES * ☐ 2. NO * IF *YES*, PLEASE COMPLETE THE QUESTIONS BELOW.

B. DOES ANYONE IN YOUR HOUSEHOLD REQUIRE A REASONABLE ACCOMMODATION(S)? ☐ 1. YES ☐ 2. NO

C. ACCESS AND/ OR FUNCTIONAL NEED(S) * IF MOBILITY IMPAIRED IS CHECKED, PLEASE SELECT THE APPLICABLE ITEM FROM A THROUGH F BELOW:

☐ 1. MOBILITY IMPAIRED:* ☐ a. MANUAL WHEELCHAIR ☐ b. ELECTRIC WHEEL-CHAIR/ SCOOTER ☐ c. HOYER LIFT ☐ d. CANE/ WALKER ☐ e. BED-BOUND ☐ f. OTHER MOBILITY DEVICE

☐ 2. VISION IMPAIRED ☐ 3. HEARING IMPAIRED ☐ 4. MENTAL OR COGNITIVE IMPAIRMENT ☐ 5. OTHER IMPAIRMENT

D. DO YOU REQUIRE LIFE SUSTAINING EQUIPMENT? ☐ 1. YES * IF *YES*, CHECK ALL THAT APPLY ☐ 2. NO

☐ 1. OXYGEN TANK/ OXYGEN CONCENTRATOR ☐ 2. DIALYSIS EQUIPMENT ☐ 3. DEFIBRILLATOR ☐ 4. MEDICAL VENTILATOR/ RESPIRATOR ☐ 5. SUCTION/ ASPIRATION DEVICE

☐ 6. NEBULLIZER ☐ 7. APNEA MONITOR/ CPAP MASK ☐ 8. ARTIFICIAL NUTRITION AND HYDRATION DEVICE ☐ 9. OTHER

E. DO YOU HAVE A SERVICE OR ASSISTANCE ANIMAL IN YOUR APARTMENT? ☐ 1. YES ☐ 2. NO

F. **OPTIONAL QUESTIONS**

If this household member needs assistance in the event of an emergency, it is advisable to answer the following questions:

1. IF MEDICAL OR LIFE SUSTAINING EQUIPMENT IS USED, DOES THE EQUIPMENT REQUIRE ELECTRICITY? ☐ a. YES ☐ b. NO
2. DOES THE HOUSEHOLD MEMBER NEED ASSISTANCE LEAVING THE BUILDING IF THE ELEVATOR SERVICE IS OUT? ☐ a. YES ☐ b. NO
3. DOES THE HOUSEHOLD MEMBER RECEIVE HOME BASED CARE? ☐ a. YES ☐ b. NO

F. EDUCATION

A. 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.

☐ 1. YES, FULL-TIME ☐ 2. YES, PART-TIME ☐ 3. NO 4. START DATE: *(mm/dd/yyyy)*

B. IF *'YES'*, PLEASE PROVIDE SCHOOL NAME AND SCHOOL ADDRESS.

1. SCHOOL NAME

2. ADDRESS

3. CITY 4. STATE 5. ZIP CODE

C. DO YOU ANTICIPATE BEING A STUDENT WITHIN THE NEXT TWELVE (12) MONTHS? ☐ 1. YES, FULL TIME ☐ 2. YES, PART TIME ☐ 3. NO

G. INCOME 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)

☐ a. ADOPTION	☐ e. CONTRIBUTIONS	☐ i. PENSION	☐ m. SUPPLEMENTAL SECURITY INCOME	☐ q. SOCIAL SECURITY SURVIVOR'S BENEFIT
☐ b. FOSTER CARE	☐ f. EMPLOYMENT (WAGES)	☐ j. ANNUITY	☐ n. UNEMPLOYMENT INSURANCE	☐ r. SOCIAL SECURITY
☐ c. CHILD SUPPORT	☐ g. MILITARY PAY	☐ k. PUBLIC ASSISTANCE	☐ o. WORKER'S COMPENSATION	☐ s. SOCIAL SECURITY DISABILITY
☐ d. ALIMONY	☐ h. VETERAN'S AFFAIR (VA) BENEFITS	☐ l. SELF-EMPLOYMENT	☐ p. STATE SUPPLEMENTAL PROGRAM/SSP	☐ t. SOCIAL SECURITY RETIREMENT

2. START DATE ☐☐☐☐☐☐☐☐ *(mm/dd/yyyy)*

3. END DATE ☐☐☐☐☐☐☐☐ *(mm/dd/yyyy)*

4. TOTAL INCOME $ ☐☐☐ , ☐☐☐ . ☐☐

5. PER (SPECIFY TIME PERIOD)

☐ a. WEEKLY ☐ b. BI-WEEKLY ☐ c. MONTHLY ☐ d. SEMI-MONTHLY ☐ e. ANNUALLY ☐ f. SEASONALLY ☐ g. INFREQUENTLY

6. NAME OF INCOME SOURCE #1

7. TELEPHONE NUMBER

8. ADDRESS

a. CITY b. STATE c. ZIP CODE

If Seasonally or Infrequently is selected as a rate of pay, please complete questions 9 - 11.

9. IS EVERY PAYMENT THE SAME AMOUNT (WITHIN $100 DOLLARS)?* ☐ 1. YES ☐ 2. NO

10. ENTER THE TYPICAL AMOUNT(S) THAT YOU RECEIVE. $ ☐☐ , ☐☐☐ $ ☐☐ , ☐☐☐ $ ☐☐ , ☐☐☐ $ ☐☐ , ☐☐☐

11. IN THE NEXT YEAR, HOW MANY TIMES DO YOU EXPECT TO RECEIVE THIS PAYMENT? ☐☐

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

☐ a. ADOPTION	☐ e. CONTRIBUTIONS	☐ i. PENSION	☐ m. SUPPLEMENTAL SECURITY INCOME	☐ q. SOCIAL SECURITY SURVIVOR'S BENEFIT
☐ b. FOSTER CARE	☐ f. EMPLOYMENT (WAGES)	☐ j. ANNUITY	☐ n. UNEMPLOYMENT INSURANCE	☐ r. SOCIAL SECURITY
☐ c. CHILD SUPPORT	☐ g. MILITARY PAY	☐ k. PUBLIC ASSISTANCE	☐ o. WORKER'S COMPENSATION	☐ s. SOCIAL SECURITY DISABILITY
☐ d. ALIMONY	☐ h. VETERAN'S AFFAIR (VA) BENEFITS	☐ l. SELF-EMPLOYMENT	☐ p. STATE SUPPLEMENTAL PROGRAM/SSP	☐ t. SOCIAL SECURITY RETIREMENT

2. START DATE ☐☐☐☐☐☐☐☐ *(mm/dd/yyyy)*

3. END DATE ☐☐☐☐☐☐☐☐ *(mm/dd/yyyy)*

4. TOTAL INCOME $ ☐☐☐ , ☐☐☐ . ☐☐

5. PER (SPECIFY TIME PERIOD)

☐ a. WEEKLY ☐ b. BI-WEEKLY ☐ c. MONTHLY ☐ d. SEMI-MONTHLY ☐ e. ANNUALLY ☐ f. SEASONALLY ☐ g. INFREQUENTLY

6. NAME OF INCOME SOURCE #2

7. TELEPHONE NUMBER

8. ADDRESS

a. CITY b. STATE c. ZIP CODE

If Seasonally or Infrequently is selected as a rate of pay, please complete questions 9 - 11.

9. IS EVERY PAYMENT THE SAME AMOUNT (WITHIN $100 DOLLARS)?* 1. YES 2. NO

10. ENTER THE TYPICAL AMOUNT(S) THAT YOU RECEIVE. $, $, $, $,

11. IN THE NEXT YEAR, HOW MANY TIMES DO YOU EXPECT TO RECEIVE THIS PAYMENT?

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1. **INCOME SOURCE #3** (PLEASE SELECT ONLY ONE INCOME SOURCE)

a. ADOPTION	e. CONTRIBUTIONS	i. PENSION	m. SUPPLEMENTAL SECURITY INCOME	q. SOCIAL SECURITY SURVIVOR'S BENEFIT
b. FOSTER CARE	f. EMPLOYMENT (WAGES)	j. ANNUITY	n. UNEMPLOYMENT INSURANCE	r. SOCIAL SECURITY
c. CHILD SUPPORT	g. MILITARY PAY	k. PUBLIC ASSISTANCE	o. WORKER'S COMPENSATION	s. SOCIAL SECURITY DISABILITY
d. ALIMONY	h. VETERAN'S AFFAIR (VA) BENEFITS	l. SELF-EMPLOYMENT	p. STATE SUPPLEMENTAL PROGRAM/SSP	t. SOCIAL SECURITY RETIREMENT

2. START DATE *(mm/dd/yyyy)* 3. END DATE *(mm/dd/yyyy)* 4. TOTAL INCOME $, .

5. PER (SPECIFY TIME PERIOD)

a. WEEKLY b. BI-WEEKLY c. MONTHLY d. SEMI-MONTHLY e. ANNUALLY f. SEASONALLY g. INFREQUENTLY

6. NAME OF INCOME SOURCE #3 7. TELEPHONE NUMBER

8. ADDRESS

a. CITY b. STATE c. ZIP CODE

If Seasonally or Infrequently is selected as a rate of pay, please complete questions 9 - 11.

9. IS EVERY PAYMENT THE SAME AMOUNT (WITHIN $100 DOLLARS)?* 1. YES 2. NO

10. ENTER THE TYPICAL AMOUNT(S) THAT YOU RECEIVE. $, $, $, $,

11. IN THE NEXT YEAR, HOW MANY TIMES DO YOU EXPECT TO RECEIVE THIS PAYMENT?

H. ASSET INFORMATION (Proposed New Household Member / Not for Temporary Permission)

A. DO YOU HAVE ANY ASSETS? 1. YES * 2. NO * 3. IF *YES*, PLEASE ANSWER QUESTION #B AND PROVIDE INFORMATION ABOUT EACH ASSET SEPARATELY IN THE SECTIONS BELOW.

B. ARE THE NET HOUSEHOLD ASSETS IN EXCESS OF $5,000? 1. YES 2. NO

C. **CALCULATION OF INCOME FROM ASSETS**

If the total cash value of the household's assets exceeds $5,000, the annual income generated from these assets will be determined based on the greater of (1) the actual income from the assets, or (2) the imputed income from the assets. For further explanation please see instructions.

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1. **ASSET #1:** (PLEASE SELECT ONLY ONE TYPE OF ASSET)

a. CHECKING ACCOUNT	e. LIFE INSURANCE POLICY (TERM LIFE)	h. STOCKS	k. BONDS
b. SAVINGS ACCOUNT	f. LIFE INSURANCE POLICY (WHOLE LIFE)	i. TRUST FUND	
c. MONEY MARKET FUND/MUTUAL FUND	g. REAL ESTATE, HOUSE, CO-OP, OR CONDO (PROPERTY HELD AS AN INVESTMENT)	j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT)	

d. OTHER (PLEASE SPECIFY)

2. CURRENT VALUE

$ ___ , ___ . __

3. INTEREST RATE (IF APPLICABLE)

__

4. INTEREST EARNED FROM ASSETS

$ ___ , ___ . __

5. NAME OF FINANCIAL INSTITUTION

6. ***If you checked real estate, house, co-op, or condo above, please answer questions number 7 - 13 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

___

8. DOES THIS PROPERTY GENERATE INCOME?

☐ a. YES ☐ b. NO

9. PROPERTY INCOME YOU EARNED LAST 12 MONTHS

$ ___ , ___ . __

10. PER (SPECIFY TIME PERIOD)

☐ a. WEEKLY ☐ b. BI-WEEKLY ☐ c. MONTHLY ☐ d. SEMI-MONTHLY ☐ e. ANNUALLY ☐ f. SEASONALLY ☐ g. INFREQUENTLY

11. DO YOU WANT TO REPORT A SALE OF THIS REAL ESTATE OR PROPERTY?

☐ a. YES ☐ b. NO

12. DATE SOLD *(mm/dd/yyyy)*

__ __ ____

13. CURRENT VALUE

$ __ , ___ , ___ . __

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1. **ASSET #2:** (PLEASE SELECT ONLY ONE TYPE OF ASSET)

☐ a. CHECKING ACCOUNT
☐ b. SAVINGS ACCOUNT
☐ c. MONEY MARKET FUND/MUTUAL FUND
☐ d. OTHER (PLEASE SPECIFY)
☐ e. LIFE INSURANCE POLICY (TERM LIFE)
☐ f. LIFE INSURANCE POLICY (WHOLE LIFE)
☐ g. REAL ESTATE, HOUSE, CO-OP, OR CONDO (PROPERTY HELD AS AN INVESTMENT)
☐ h. STOCKS
☐ i. TRUST FUND
☐ j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT)
☐ k. BONDS

2. CURRENT VALUE

$ ___ , ___ . __

3. INTEREST RATE (IF APPLICABLE)

__

4. INTEREST EARNED FROM ASSETS

$ ___ , ___ . __

5. NAME OF FINANCIAL INSTITUTION

6. ***If you checked real estate, house, co-op, or condo above, please answer questions number 7 - 13 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

___

8. DOES THIS PROPERTY GENERATE INCOME?

☐ a. YES ☐ b. NO

9. PROPERTY INCOME YOU EARNED LAST 12 MONTHS

$ ___ , ___ . __

10. PER (SPECIFY TIME PERIOD)

☐ a. WEEKLY ☐ b. BI-WEEKLY ☐ c. MONTHLY ☐ d. SEMI-MONTHLY ☐ e. ANNUALLY ☐ f. SEASONALLY ☐ g. INFREQUENTLY

11. DO YOU WANT TO REPORT A SALE OF THIS REAL ESTATE OR PROPERTY?

☐ a. YES ☐ b. NO

12. DATE SOLD *(mm/dd/yyyy)*

__ __ ____

13. CURRENT VALUE

$ __ , ___ , ___ . __

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1. **ASSET #3:** (PLEASE SELECT ONLY ONE TYPE OF ASSET)

☐ a. CHECKING ACCOUNT
☐ b. SAVINGS ACCOUNT
☐ c. MONEY MARKET FUND/MUTUAL FUND
☐ d. OTHER (PLEASE SPECIFY)
☐ e. LIFE INSURANCE POLICY (TERM LIFE)
☐ f. LIFE INSURANCE POLICY (WHOLE LIFE)
☐ g. REAL ESTATE, HOUSE, CO-OP, OR CONDO (PROPERTY HELD AS AN INVESTMENT)
☐ h. STOCKS
☐ i. TRUST FUND
☐ j. 401K/IRA/ROTH IRA (RETIREMENT ACCOUNT)
☐ k. BONDS

2. CURRENT VALUE

$ ___ , ___ . __

3. INTEREST RATE (IF APPLICABLE)

__

4. INTEREST EARNED FROM ASSETS

$ ___ , ___ . __

5. NAME OF FINANCIAL INSTITUTION

6. ***If you checked real estate, house, co-op, or condo above, please answer questions number 7 - 13 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

8. DOES THIS PROPERTY GENERATE INCOME? a. YES b. NO

9. PROPERTY INCOME YOU EARNED LAST 12 MONTHS $, .

10. PER (SPECIFY TIME PERIOD) a. WEEKLY b. BI-WEEKLY c. MONTHLY d. SEMI-MONTHLY e. ANNUALLY f. SEASONALLY g. INFREQUENTLY

11. DO YOU WANT TO REPORT A SALE OF THIS REAL ESTATE OR PROPERTY? a. YES b. NO

12. DATE SOLD *(mm/dd/yyyy)*

13. CURRENT VALUE $, , .

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? 1. YES* 2. NO

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

4. TYPE OF ASSET

5. DATE GIVEN AWAY OR SOLD *(mm/dd/yyyy)*

6. SALE PRICE $, .

7. MARKET VALUE AT TIME OF DISPOSITION OR SALE $, .

I. 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 income, net 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 consent that law enforcement agencies may give criminal conviction records about me to the New York City Housing Authority (NYCHA) and also for NYCHA to obtain criminal conviction records from any law enforcement agencies.
- 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

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

3. 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

2. TENANT/HEAD OF HOUSEHOLD SIGNATURE

6. SIGNATURE DATE *(mm/dd/yyyy)*

J. 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.