

Adding a Child to Your Household

You must report the change in your household within 10 working days of the birth, adoption, or court awarded custody of a child.

Step 1. **Tell us who you are**

Your Name: _____

The Last Four Digits of Your Social Security Number: _____

Your Phone Number: _____ Your Relationship to Child: _____

Step 2. **Tell us about the child**

Name of Child: _____ Sex: ☐Female ☐Male

Date of Birth: _____ Place of Birth: _____ SSN: _____

Race: ☐White ☐Black ☐American Indian/Alaska Native ☐Native Hawaiian/Pacific Islander ☐Asian

Ethnicity: ☐Hispanic/Latino ☐Non-Hispanic/Non-Latino

Do you have ☐full custody or ☐shared custody...what percentage of time do you have the child? _____ %?

Is this a foster child? ☐Yes ☐No

Are you or the child receiving cash assistance (TANF), Child Support, Social Security or other benefits for this child? ☐Yes ☐No

If yes, what type of benefit and how much? _____

Will this child be living with you temporarily? ☐Yes ☐No If yes, how long? _____

Step 3. **Complete the Citizenship Declaration (attached)**

Step 4. **Provide Documentation**

Are you attaching a copy of the social security card for the child? ☐Yes ☐No

If No, you will be required to provide this right away.

We may also need documentation of an adoption, custody, or Foster Care.

Step 5. **Certification**

I do hereby swear and attest that all the information on this form about me and my family is true and correct.

Signature of Head of Household: _____ Date: _____

Step 6. **Landlord Approval (Not required if adding a newborn)**

TO BE COMPLETED BY THE LANDLORD: PLEASE CHECK EITHER YES OR NO

I understand that my current tenant is asking my permission to add the above-named person/people to their household:

() **YES**, I do agree to allow the above named person/people to be added to the household pending Housing Authority approval.

() **NO**, I do Not give permission for the above-named person/people to occupy the rental unit.

Printed Name of Landlord: _____ Phone Number: _____

Signature of Landlord: _____ Date: _____

THIS FORM MUST BE COMPLETED

Declaration of Immigration Status

All adults, 18 years of age or older, must sign their own declaration. For children under 18 years of age, the declaration must be signed by the parent or legal guardian residing (or who will reside) in the unit and is responsible for the minor.

PROPOSED ADDITION:

Under Penalty of Perjury, I declare that: _____

Proposed Addition #1 Name

- IS: ☐ a citizen of the United States
- ☐ a non-citizen with eligible immigration status. I understand that I must provide documentation of eligible status for the family member listed above.
- ☐ choosing not to certify that he or she is a citizen or has eligible immigration status. I understand that this may affect the amount of housing assistance that my family will receive.
- ☐ a non-citizen without eligible immigration status.

CERTIFIED BY: _____

Head of Household Signature

Date



Oregon Department of Justice

Oregon Child Support Program

Supporting Parents to Support Children

Division of Child Support

PO Box 14680

Salem OR 97309

800-850-0228

OregonChildSupport.gov

Authorization to Disclose Support Payment Records

I, (print or type full name) _____, further identified by (Select one):

☒ last four digits of my Social Security number _____, or

☐ date of birth (mm/dd/yyyy) ____/____/____,

authorize the disclosure and release my confidential child support or spousal support payment records to:

Name of person or entity: Linn-Benton Housing Authority

Email address or fax number: Fax: (541) 926-3589.

Mark the one that applies:

☐ This authorizes the release of the payment history for the last 12 months, to the person or entity listed above, for Oregon Child Support Program case number _____.

☒ This authorizes the release of the payment history for the last 12 months, to the person or entity listed above, for all Oregon Child Support Program cases found using the information provided above.

This authorization expires **six months** from the date of signature unless revoked by me before that date in writing to the Oregon Child Support Program.

Signature _____ Printed Name _____ Date _____

Cell #: _____ Text? ☐ Yes ☐ No Message #: _____

Home #: _____ Email: _____

Mailing Address _____ City _____ State _____ Zip _____

RESET FORM