

Adding an Adult to Your Household

You must complete this packet **and** wait for the Housing Authority's written approval **before** anyone can move in! With the exception of Live-in-Aids, LBHA will not approve a new adult household member that is not the significant other or family member of the household.

After we receive your request, we will see if the person that you want to add meets eligibility requirements.

Step 1. Head of Household Information

Your Name: _____

The Last Four Digits of Your Social Security Number: _____

Your Phone Number: _____

Step 2. Tell us about the person you want to add.

Their Name: _____ Relationship to you? _____

Have they ever used another name? Yes No If yes, what? _____

When do you want to add this person? _____

Will they be residing with you temporarily? Yes No If yes, how long? _____

I do hereby agree to the addition of the above family member and acknowledge that once added to the household, the above family member will have equal rights to the voucher in cases of family break up.

Signature of Head of Household: _____

Date: _____

Step 3. Have the person you want to add complete the packet.

Did the person you are adding complete the **Attached Forms**? Yes No

Did they attach a copy of their **Social Security Card** and **photo ID**? Yes No

Did you supply **verification** of their **income** (if applicable)? Yes No

Did you supply **verification** of their **assets** (if applicable)? Yes No

Step 4. Landlord Approval

To be completed by the landlord: PLEASE CHECK YES OR NO

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

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

NO, I do not give permission for the above named person to occupy the rental unit.

Printed Name of Landlord: _____ Phone Number: _____

Signature of Landlord: _____ Date: _____

Step 5. Return the completed packet to the Housing Authority and wait to hear from us. You should receive a letter in approximately one week.

Remember, you must wait for approval before anyone can move in.

PRELIMINARY STATEMENT OF ELIGIBILITY

*This form is to be completed by the person who wishes to be added to an existing Section 8 lease.
Please complete in your own handwriting. Do not use a pencil. Please use an ink pen.*

Full Legal Name of Person to be Added to Household:		
Social Security Number:	Date of Birth:	Place of Birth:
The following information should be for the person being added to the voucher.		
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino
Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide verification	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	What language do you speak? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
Present Address:	City:	Zip:
Mailing Address:	City:	Zip:
Home/Cell Phone:	Message Phone:	Email:

Does this adult have income? Yes No

Please list all sources of income: (must provide verification/last two check stubs)

Source of Income (wages, Social Security, etc)	Monthly Amount	How Often? (monthly, semi-monthly, bi-weekly)	Name and Full Address of Employer, if applicable

Does this adult have assets? Yes No

Please list all assets: (must provide verification)

Type of Asset	Balance	Name and Full Address of Bank/Institution
Savings		
Checking		
Other		

Program Integrity Information

- Do you owe money to any housing office? Yes No
- Have you ever been evicted from federally assisted housing due to drug activity?..... Yes No
- Have you ever been convicted of production or manufacture of methamphetamine on the premises of federally assisted housing?..... Yes No
- Are you required to register as a sex offender?..... Yes No
- Have you used any other name(s) or Social Security Number(s)?..... Yes No
- Please explain any "Yes" answers above: _____

Certification of Person to be Added to Household:

I do hereby swear and attest that all of the information reported on this form about my family and me is true and correct. I understand that the Housing Authority is required to verify the information that I have reported. I understand that any misrepresentation of information or failure to disclose information requested may be grounds for termination of assistance and is punishable under Federal law.

Signature of Addition: _____ Date: _____

Section 8 Family Obligations

24CFR 982.551

Department of Housing and Urban Development regulations for the Housing Choice Voucher Program permits LBHA to terminate assistance to participants in these programs if any household members or guests do not abide by the following family obligations once the unit is approved and the HAP contract has been executed.

1) The Family MUST:

- a) Supply any information that LBHA or HUD determines to be necessary including evidence of citizenship or eligible immigration status, and information for use in regularly scheduled re-examination or interim re-examination of family income, composition and criminal history. You must keep appointments as they are scheduled, complete paperwork, return forms, and sign documents by the deadline imposed by the Housing Authority staff. Provide current, reliable mailing address if different from assisted dwelling to help ensure receipt of HA correspondence. Two missed appointments to supply LBHA with this information is considered a breach of a family responsibility. **New income for all family members must be reported in writing within 10 days of the change (such as hire date of new job - not first paycheck.) New income includes, but is not limited to: Wages, Unemployment, Child support, TANF, Social Security, Pensions, and any other source of income (whether it's expected to continue or not.)**
- b) Disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- c) Supply any information requested by LBHA to verify that the family is living in the unit or information related to family absence from the unit.
- d) Notify LBHA in writing within 10 days if any family member no longer lives in the unit.
- e) Notify LBHA in writing within 10 days when the family or a family member is away from the unit for an extended period of time (10 days or more) in accordance with LBHA policies.
- f) Notify LBHA and the owner in writing before moving out of the unit or terminating the lease.
- g) Allow LBHA to inspect the unit at reasonable times and after reasonable notice. Two missed appointments for inspection are considered a breach of this family responsibility.
- h) Use the assisted unit for residence by the family. The unit must be the family's only residence.
- i) Notify LBHA in writing within 10 days of the birth, adoption, or court-awarded custody of a child.
- j) Request LBHA written approval to add any other family member as an occupant of the unit (should receive landlord's permission first). Additional family members must not move in to the unit until approved by the Housing Authority.
- k) Give LBHA a copy of all notices including any owner eviction notice within 10 days of receipt.
- l) Pay utility bills and supply appliances that the owner is not required to supply under the lease.
- m) You may have guests, but such guests may not occupy the premises for more than 30 consecutive days or more than 90 non-consecutive days in any 12-month period. You may not have any series of guests who exceed these limits without our approval. A guest is considered to occupy the unit if they conduct normal daily functions in the assisted unit (such as: bathing, eating, sleeping, storing clothing or other personal belongings, etc.). Must get HA approval prior to allowing additional family member/s to move in.

2) **The Family (Including Each Family Member) Must NOT:**

- a) Own or have any interest in the unit (other than in a cooperative, or the owner of a manufactured home leasing a manufactured home space).
- b) Commit any serious or repeated violations of the lease. (IE: non-payment or late payment of rent, poor housekeeping, disturbing the peaceful enjoyment of neighbors etc.)
- c) Commit fraud, or bribery or any other corrupt or criminal act in connection with the program.
- d) Participate in illegal drug or violent criminal activity. The family is responsible for the illegal drug or violent criminal activity of guests in the assisted unit.
- e) Sublease or let the unit or assign the lease or transfer the unit.
- f) Receive Housing Choice Programs tenant-based housing assistance while receiving another housing subsidy, for the same unit or a different unit under any other Federal, State or Local housing assistance program.
- g) Damage the unit or premises (other than damage from ordinary wear and tear) or permit any guest to damage the unit or premises.
- h) Engage in threatening, abusive or violent behavior toward any LBHA personnel.
- i) Be related to the landlord (owner). The landlord cannot be the parent, child, grandparent, grandchild, sister or brother of any member of the participating family, including minors. The only exemption that may be approved by LBHA is if a family member is a person with disabilities.
- j) Engage in illegal use of a controlled substance; or abuse of alcohol that threatens the health and safety or right to peaceful enjoyment of the premises by other residents.

Any information the family supplies must be true and complete.

By its signature, the family agrees to fulfill the program responsibilities noted above, and understands that failure to do so, BY ANY FAMILY MEMBER, may result in permanent loss of housing assistance eligibility, and criminal prosecution.

Signatures (EVERYONE 18 AND OLDER MUST SIGN):

1.	_____	Date:	_____
2.	_____	Date:	_____
3.	_____	Date:	_____

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



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

Authorization for Release of Information

Purpose: The Linn-Benton Housing Authority uses this authorization and the information obtained with it to administer and enforce housing program rules and policies.

Individuals or Organizations requested to release information: Any of the following individuals or organizations including any governmental organizations may be asked to release information.

- Employers, Past & Present
- Banks, Credit Unions and Other Financial Institutions
- State Agencies such as DHS (Welfare) & Social Services
- Linn County Mental Health, Benton County Mental Health, Mental Health Care, Handicapped Assistance, Medical Care, Drug & Alcohol Rehabilitation Programs
- Providers of Child Support, including DOJ, Alimony, Child Care, Pensions/Annuities, Retirement Systems
- Social Security Administration, Department of Veterans Affairs
- Schools and Colleges
- Courts & Law Enforcement Agencies
- Post Offices, Utility Companies
- Credit Bureaus, Credit Providers
- Current & Previous Landlords (including Public Housing Agencies)
- Professional Personal References
- Other: _____

Information Covered - The information shared may include:

- Child Care Expenses
- Handicapped Assistance Expenses
- Federal, State, Tribal or Local Benefits
- Criminal Activity, Legal Issues
- Credit History, Financial Concerns
- Employment, Income, Pensions, and Assets
- Identity and Marital Status
- Household Composition
- Social Security Numbers
- Residences & Rental History
- Medical, Psychological or Psychiatric Issues & Expenses

Authorization

- I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in the Section 8 Assistance Programs and any other Housing Assistance programs administered by the Linn-Benton Housing Authority.
- I understand that this authorization can not be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in the Section 8 Assistance Program and any other Housing Assistance programs administered by the Linn-Benton Housing Authority.
- I agree that photocopies of this authorization may be used for the purposes stated above.
- I authorize the release of information for minor children in the household to obtain wage information and criminal records.

This consent form expires 15 months after signed.

1. _____	_____	_____	_____
Signature	Print Name	Date	Last 4 of SSN
2. _____	_____	_____	_____
Signature	Print Name	Date	Last 4 of SSN
3. _____	_____	_____	_____
Signature	Print Name	Date	Last 4 of SSN
4. _____	_____	_____	_____
Signature	Print Name	Date	Last 4 of SSN

All household members 18 years of age and older must sign this form.



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Linn-Benton Housing Authority
 1250 Queen Ave SE
 Albany, OR 97322
 (541) 926-3589

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name

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: _____
Adult Signature

Date