

# WALTHAM HOUSING AUTHORITY

110 Pond Street, Waltham, MA 02451 | 781-894-3357

## REQUEST TO ADD A HOUSEHOLD MEMBER

**IMPORTANT:** Except for a birth, adoption, or court-awarded custody of a child, the proposed household member may NOT move into the assisted unit until written approval is issued by the Waltham Housing Authority.

### A. CURRENT PARTICIPANT / HEAD OF HOUSEHOLD

|                        |                                                                                                                                                                       |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Head of Household:     | _____                                                                                                                                                                 |
| Assisted Unit Address: | _____                                                                                                                                                                 |
| City / State / ZIP:    | _____                                                                                                                                                                 |
| Phone:                 | _____ Email: _____                                                                                                                                                    |
| Program:               | <input type="checkbox"/> Section 8 HCV <input type="checkbox"/> MRVP <input type="checkbox"/> AHVP <input type="checkbox"/> DMH <input type="checkbox"/> Other: _____ |

### B. TYPE OF HOUSEHOLD CHANGE

☐ Newborn / Birth ☐ Adoption ☐ Court-Awarded Custody ☐ Minor Child ☐ Adult Age 18 or Older

### C. PROPOSED / NEW HOUSEHOLD MEMBER INFORMATION

|                                |                                                                                                                                                  |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Legal Name:               | _____                                                                                                                                            |
| Relationship to Head:          | _____                                                                                                                                            |
| Date of Birth:                 | _____ Age: _____ Proposed Move-In Date: _____                                                                                                    |
| Social Security No.:           | _____ <input type="checkbox"/> Not yet issued                                                                                                    |
| Current Address:               | _____                                                                                                                                            |
| Citizenship / Eligible Status: | <input type="checkbox"/> U.S. Citizen/National <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Other/Documentation Pending |

### D. DOCUMENT CHECKLIST - NEWBORN / CHILD

- ☐ Birth certificate / hospital birth record, as applicable  
☐ Social Security card or proof application is pending, if not yet issued  
☐ Citizenship / eligible immigration documentation, when required  
☐ Adoption or court custody documentation, if applicable  
☐ Other documentation requested by WHA: \_\_\_\_\_

### E. ADDITIONAL REQUIREMENTS - PERSON AGE 18 OR OLDER

- ☐ Government-issued photo ID ☐ Social Security card / required SSN documentation  
☐ Birth certificate / citizenship or eligible immigration documentation, as applicable  
☐ Current income verification (employment, Social Security, SSI, unemployment, benefits, etc.)  
☐ Asset/bank verification and other financial documentation requested by WHA  
☐ Student verification, if applicable ☐ Required consent/release forms  
☐ Background / eligibility screening documentation or authorization, if required  
☐ Owner/landlord approval, when required by WHA/lease ☐ Other: \_\_\_\_\_

### F. INCOME / ASSET INFORMATION FOR PROPOSED ADULT MEMBER

| Source / Employer | Gross Amount | Frequency                                                                                                                          | Verification Attached                                    |
|-------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|                   | \$           | <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                   | \$           | <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual | <input type="checkbox"/> Yes <input type="checkbox"/> No |

|  |    |                                                                                                                                    |                                                          |
|--|----|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|  | \$ | <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|----|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

### G. HEAD OF HOUSEHOLD CERTIFICATION

I request that the Waltham Housing Authority add the person identified above to my assisted household. I certify that the information and documents submitted are true and complete. I understand that I must promptly report changes in family composition and provide information requested by WHA. I further understand that, except for a birth, adoption, or court-awarded custody of a child, no additional person may reside in the assisted unit unless WHA has approved the person as a household member.

|                                        |                   |
|----------------------------------------|-------------------|
| <b>Head of Household Signature:</b>    | _____ Date: _____ |
| <b>Proposed Adult Signature (18+):</b> | _____ Date: _____ |

### H. OWNER / LANDLORD ACKNOWLEDGMENT (IF REQUIRED)

|                                                                   |                   |
|-------------------------------------------------------------------|-------------------|
| <b>Owner / Agent Name:</b>                                        | _____             |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | Comments: _____   |
| <b>Owner / Agent Signature:</b>                                   | _____ Date: _____ |

### I. WALTHAM HOUSING AUTHORITY USE ONLY

|                                  |                                                                                                            |
|----------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>Request Received:</b>         | _____                                                                                                      |
| <b>Documentation Complete:</b>   | <input type="checkbox"/> Yes <input type="checkbox"/> No Missing: _____                                    |
| <b>Screening / Verification:</b> | <input type="checkbox"/> Complete <input type="checkbox"/> Pending <input type="checkbox"/> Not Applicable |
| <b>Decision:</b>                 | <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED Effective Date: _____                    |
| <b>WHA Staff:</b>                | _____ Date: _____                                                                                          |

*HUD HCV reference: 24 CFR § 982.551(h)(2). WHA may request additional documentation necessary to determine eligibility and household composition.*