

Admissions Add Member to Household Form

Client # _____

La Autoridad de Viviendas de Reno se ha comprometido a ofrecer accesibilidad a sus programas y actividades para todos los clientes elegibles, inclusive para aquellas personas limitadas en sus habilidades del manejo del idioma Ingles. Por favor informe a nuestro personal si requiere otra forma diferente de comunicaci3n que no sea verbal o por escrito en ingles.

This form must be filled out by the person who wants to be added to the household and the head of household. Failure to answer all questions completely may result in the denial of an applicant. Falsified answers may result in the withdrawal of the application for the entire household.

After completion of this application, you must call the RHA manager/case worker to schedule an appointment to bring the completed form along with the items requested below. (Personal interview with the case worker maybe necessary when requesting to add an adult to the household). It is your responsibility to provide information and/or documents which are requested by this office in a timely manner. You must report in writing any changes in income, assets, deductions, family composition, or housing situation within ten (10) days of the change.

You have the right to review your applications and any documents pertaining thereto and to know the status of your application. You have a right to privacy as described in the "Privacy Act Notice." You have the right to an informal review if you are dissatisfied with a determination made by the RHA. Your request for a review must be submitted in writing within five days after the determination. Your request must contain a brief description of the disputed action, why you feel an error has been made, and what action or relief you are seeking. If you have a disability, you have the right to request reasonable accommodation to participate in the informal review.

Name of Head of Household: _____ Name of Person to be added: _____

In order to determine eligibility to receive housing assistance or if more information is needed, the following questions must be completed by applicant. If the applicant is a minor, the following questions must still be answered.

1. Have you ever committed fraud in connection with any federally-assisted housing program? YES NO
If yes, Please explain _____
2. Have you ever received any type of housing assistance or lived in a HUD subsidized housing? YES NO
3. Do you owe money to any federally assisted housing program? YES NO
4. Do you have a history of criminal activity involving crimes of physical violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants? YES NO
5. Are you or any member of your household been required to register as a sex offender? YES NO
6. Have you ever been engaged in violent criminal activity or drug-related activity? YES NO
7. Have you ever been evicted from any public or federally assisted housing programs because of violent or drug-related criminal activity? YES NO
8. Have you ever been convicted of manufacturing or producing methamphetamine(speed) on the premises of public or assisted housing? YES NO
9. Do you abuse alcohol or show a pattern of abuse of alcohol? YES NO



Listed below are some additional eligibility requirements to be added to a household and receive housing assistance through this agency.

1. Must be a Family (see definition in the Admission and Occupancy Policies or Administrative Plan for Section 8).
2. Must demonstrate conduct that would not prove detrimental to the project or its tenants.
3. Must conform to federal regulations concerning eligible immigrant status or be not contending eligibility.

The person being requested to be added is (please check one):

- Other Adult
- Minor
- Live-in Attendant

Other Adult:

Proof of Identity. You must provide one of the following options: An original government-issued birth certificate or Certified Copy; an original confirmation of birth; a NUMIDENT (The Housing Authority can provide you with a printed form to order this upon request); a current or recently expired (within the last 6 months) passport; an original VA-certified copy of DD214; a valid Certificate of Naturalization; a valid Permanent Resident Alien card.

Social Security Card or an original document issued by a federal or state government agency that contains the name and the social security number of the individual being added.

Valid state or government issued identification

Citizenship declaration

Proof of income (six weeks current paycheck stubs, current award letters).

Public Housing only: Two (2) personal reference letters.

Minor:

Proof of Identity. You must provide one of the following options: An original government-issued birth certificate or Certified Copy; an original confirmation of birth; a NUMIDENT (The Housing Authority can provide you with a printed form to order this upon request); a current or recently expired (within the last 6 months) passport; an original VA-certified copy of DD214; a valid Certificate of Naturalization; a valid Permanent Resident Alien card

Social Security Card or an original document issued by a federal or state government agency that contains the name and the social security number of the individual being added

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- Citizenship Declaration
- Proof of Income (award letters)
- Verification of any deductions (such as child care expenses)

- Live-in Attendant:
- Social Security or an original document issued by a federal or state government agency that contains the name and the social security number of the individual being added
 - Valid state or government issued identification
 - Public Housing only: Two (2) personal reference letters
 - Timeline certification for a Live-in Attendant Form

Person requested to be added: Last Name	First Name	Middle Initial	Social Security Number	
Place of birth	Date of birth		Sex	Phone Number
Reason for adding member (must be answered)				
Head of household: Last Name	First Name	Phone Number	Social Security Number	

Please circle the applicable choices:

RACE (may choose more than one):

- 1 – White; 2 – Black; 3 – American Indian or Alaskan Native; 4 – Asian
 5 – Pacific Islander

Please circle the applicable choice:

ETHNICITY: 1 – Hispanic 2 – Non-Hispanic



Rental History of Applicant

Provide complete information requested for the ADULT, MINOR or LIVE-IN ATTENDANT being added.

Please fill out the information below on your last 3 years of residences. Enter your current residence first.		When did you reside at this address?
Current address:		From _____ year
		To _____ year
Current Landlord's Name		Currently monthly rent \$
Current Landlord's Address		Average utility bills \$
		Number of bedrooms
Landlord's Phone		Number of persons in unit
If you do not have a current landlord, describe your living conditions and current housing:		
Previous address:		From _____ year
		To _____ year
Previous Landlord's Name		
Previous Landlord's Address		
Previous address:		From _____ year
		To _____ year
Previous Landlord's Name		
Previous Landlord's Address		



Employment Income of Applicant

Provide complete information requested for the **last two years** for the ADULT or MINOR being added.

Employee Name	Rate per hour \$
Name of current employer	Average hours per week
Address	Tips (week): Bonus (annual):
	Food allowance per day:
Phone	From to year

Other Income of Applicant

Provide complete information requested for the ADULT or MINOR being added.

	YES	NO	Monthly Amount	Please list and describe "other" income below.
TANF			\$	
Child Support			\$	
Spousal Support			\$	
Pension, retirement			\$	
Unemployment			\$	
Social Security, SSI			\$	
Financial Aid			\$	
Disability payments			\$	
Other			\$	



Allowable Expenses of Applicant

Provide complete information requested for the ADULT or MINOR being added.

1. Is the Applicant 12 or younger and are you paying child care for the Applicant?

YES NO

If yes, please specify:

Child care provider's name: _____

Complete address _____

Phone number: _____

Amount paid per week/month: \$ _____

2. Is the Applicant paying for care attendant for any household member with disabilities or any equipment that is necessary to permit the person for someone else in the family to work?

YES NO

If yes, please specify:

Care attendant's name: _____

Complete address: _____

Phone number: _____

Amount you pay per week/month: \$ _____

Equipment type: _____

Amount you pay per week/ month: \$ _____

3. Is the Head of Household or Co-Head elderly or disabled? If yes, does the Applicant have any medical expenses (such as Medicare, supplemental health care insurance, prescriptions, doctor bills, handicap equipment expenses)?

YES NO

If yes, please state type of expense(s):

If expense is doctor bills or health insurance, please provide complete mailing address:

If expense is Medicare or prescriptions, please provide documentation of costs.



Applicant and Head of Household Certification

We certify that the preceding information about the member to be added to the household given to the Reno Housing Authority on household composition, income, assets, and allowances and deductions is accurate and complete to the best of our knowledge and belief. We also understand that false statements or information, **or allowing the requested person to reside in my/our assisted unit during the processing of this request**, are grounds for termination of housing assistance and termination of tenancy. We also understand that we (both the applicant and head of household) must report **all changes of income, deductions, assets, household composition, mailing address, and housing need in writing within 10 days** of the change.

If the applicant is a Live-in Aide, we (the applicant and the household member) certify that the individual is not obligated for the support of any household members and that the individual would not be living in the unit except to provide the necessary supportive services.

The RHA will verify your answers on this application through a combination of utilizing national databases and third party verifications. The Housing Authority reserves the right to complete credit and/ or criminal history check.

Signature of ADULT Member to be Added

Date

Signature of LIVE-IN ATTENDANT to be Added

Date

Signature of MINOR'S GUARDIAN to be Added

Date

Signature of Head of Household

Date

