

## **Section 8 Guest Request Form**

Print Name of Head of Household:		Client #:	
Address:			
City:	State:		Zip Code:
Phone:		Email:	
Full Name of g	uest(s):		
Visit starting:			
Visit ending: _			
Are you trying t □ No	o add this person/people to the a	assisted household	?
□ Yes	(NOTE: A separate Request t	o Add Member to	Household Form <u>must</u> be submitted)
Reason for the	visit:		

Per the Section 8 Administrative Plan (section 14.4), anyone not approved to be part of the household who is in the unit more than 30 consecutive days or a total of 30 days in a 12-month period will be considered to be living in the unit as an unauthorized household member. You may request approval of a guest for up to 90 days and the written request should be submitted prior to the guest's arrival. Failure to obtain approval prior to a visit may result in the termination of housing assistance.

After submission of this form, you will receive a letter from the RHA approving/denying your request. If the guest(s) above do not leave on the specified date, you must submit a request for additional time.

By signing this form, I understand my obligations regarding visitors to my household.

Signature

Date

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