

Request to Add Member to Household Form

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. **NO ONE may move in prior to receiving written approval by the Reno Housing Authority (RHA).** Failure to answer all questions completely may result in the denial of an applicant. Falsifying answers may result in the termination of housing assistance for the entire household.

After completion of this application, you must call the RHA to schedule an appointment to bring the completed form along with the items requested herein. It is necessary for both the person requesting to be added and the head of the household to come to the appointment. 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 10 days (Public Housing) or 30 days (Section 8) 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 ten days after the determination. Your request must contain a brief description of the problem, 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 the applicant**. If the applicant is a minor, the following questions must still be answered.

1. Have you committed fraud in connection with any federally-assisted housing program? YES NO
2. Do you owe money to any federally assisted housing program? YES NO
3. Have you violated any program requirements pertaining to obligations of the family or conditions of family responsibility in any federally-assisted housing program for a period of three years prior to the date of application? YES NO
4. Have you ever received housing assistance? If yes, when and where: _____ YES NO
5. 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
6. Are you subject to a lifetime registration requirement under a state sex offender registration program? YES NO
7. Have you engaged in drug-related criminal activity within the past three years? YES NO
8. Have you been evicted within three years from any federally assisted housing programs because of drug-related criminal activity? YES NO
9. Have you ever been convicted of manufacturing or producing methamphetamine, commonly known as "speed"? YES NO
10. Are you a part-time or full-time student (either high school or college)? YES NO

If you fail to answer the questions on the previous page, your application will be automatically denied. The RHA will verify your answers on this application through a combination of utilizing national databases, 3rd party verifications, and a criminal history background check. If it is found that you falsified any answers on this application, including those above, your application will be denied.

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.
4. Must not have been abusing alcohol in a way that interfered with the peaceful enjoyment of former premises.

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

- Other Adult
- Minor
- Live-in Attendant

- Other Adult:
- Social Security Card (original must be presented at RHA office for validation and possible duplication)
 - Valid state or government issued identification (original must be presented at RHA office for validation and possible duplication)
 - Verification of residence (see next page)
 - Citizenship declaration
 - Proof of income (six weeks paycheck stubs, award letters)
 - Asset Certification / proof of assets
 - Public Housing only: Two (2) personal reference letters
 - Section 8 only: Landlord written permission to add a member

- Minor:
- Birth record (original must be presented at RHA office for validation and possible duplication)
 - Social Security Card (original must be presented at RHA office for validation and possible duplication)
 - If not newborn, proof of custody
 - Citizenship declaration
 - Proof of income (award letters)
 - Asset Certification / proof of assets
 - Verification of any deductions (such as childcare expenses)
 - Section 8 only: Landlord written permission to add a member

- Live-in Attendant:
- Social Security Card (original must be presented at RHA office for validation and possible duplication)
 - Valid state or government issued identification (original must be presented at RHA office for validation and possible duplication)
 - Verification of residence (see below)
 - Citizenship declaration
 - Public Housing only: Two (2) personal reference letters
 - Section 8 only: Landlord written permission to add a member
 - Timeline certification for a Live-in Attendant Form
 - Live-in Aide Statement of Understanding Form

Verification of residence: An applicant must provide verification of a current residence. In order for a document to be used for this verification, the document must contain the applicant's name and address, and it must be current.

The Applicant must have one of these items:

- Executed lease
- Utility bills such as power, water, trash or sewer
- Notarized statement from Applicant's current landlord

Along with the above item, the Applicant must provide 3 of the following:

- Valid state or government issued identification
- Official mail dated within the last 30 days
- Current bank statement
- Current paycheck stubs, unemployment or state or government benefit letter
- Current school transcripts
- Insurance or car registration
- Current tax documents

Head of Household

Name: _____

Phone #: _____

Person to be added:

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth (Month/Day/Year): _____

Place of Birth: _____ Phone #: _____

Reason for being added: _____

SEX:

Male Female

RACE (may choose more than one):

White Black American Indian or Alaskan Native Asian Pacific Islander

ETHNICITY:

Hispanic Non-Hispanic

If the person being added is an adult and not married to the Head of Household, the Head of Household must decide whether the person, if approved, will be considered the Co-Head of Household or Other Adult by initialing the appropriate line below.

_____ **CO-HEAD:** Similar to spouse. This person cannot be removed by the Head of Household and must present themselves at the Reno Housing Authority office to be removed from the household. If this person is disabled, the entire household is entitled to a disability deduction and may be entitled to claim medical expenses. If this person is a full-time student, the household will not receive any additional deductions and their earned income will still be used to calculate the household's rent portion.

_____ **OTHER ADULT:** This person can be removed by the Head of Household should they no longer be available to do it themselves. If this person is disabled, the household will receive a dependent deduction, not a disability deduction. If this person is disabled but neither the Head of Household, Spouse, nor the Co-Head of Household are disabled, the household will not be entitled to claim medical expenses. If this person is a full-time student, the household will receive a dependent deduction and their earned income will not be included in the rent calculation.

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 _____ To _____
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 _____ To _____
Previous Landlord's Name		
Previous Landlord's Address		
Previous address:		From _____ To _____
Previous Landlord's Name		
Previous Landlord's Address		
Previous address:		From _____ To _____
Previous Landlord's Name		
Previous Landlord's Address		

Live-In Attendants – skip to page 8

Employment History of Applicant

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

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

Other Income of Applicant

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

	YES	NO	Amount & Frequency	Please list and describe "other" income below.
TANF			\$	
Child Support			\$	
Spousal Support			\$	
Pension, retirement			\$	
Unemployment			\$	
Social Security, SSI			\$	
Other			\$	

Assets of Applicant

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

- | | | |
|--|------------------------------|-----------------------------|
| 1. Do you have a checking account? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you have a savings account? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Do you own any whole life insurance policies? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Do you have ownership in a retirement plan (including a 401K)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Do you own stocks, bonds, certificate of deposits or other assets? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Do you own any real estate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Are you keeping items (coins/cards, antique car, etc.) for their value? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Have you sold or disposed of any assets in the last 2 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If yes to question 8, specify: _____

If you answered "YES" to questions 3, 4, or 5, you must provide verification of the account and value of the asset. If you answered "YES" to question 6, you must provide verification of the value of the property and any income derived from the rental of the property. If you answered "YES" to question 8, you must provide the value of the asset at time of disposition and the amount for which it was disposed.

Allowable Expenses of Applicant

Provide complete information requested for the MINOR being added.

1. Is the Applicant 12 or younger and are you paying childcare for the Applicant? YES NO

If yes, please specify childcare provider's name address and phone number:

Amount paid per week: \$_____

2. a. Is the Head of Household, Co-Head, or Spouse elderly (62+) or disabled? YES NO
b. Is the Applicant elderly or disabled AND going to be the Co-Head or Spouse? YES NO
c. Does the Applicant have unreimbursed out-of-pocket medical expenses? YES NO

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 (Public Housing) or 30 days (Section 8)** 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.

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

Reno Housing Authority Use Only

Verification	Requested	Sent	Received
Citizenship declaration			
Verification of SSN			
Birth documentation			
Proof of custody			
Valid identification			
Rental history			
Proof of income			
Asset certification			
General Release, RHIIP, Debts, Fam Obs			
Timeline Certification (LIA)			
Statement of Understanding (LIA)			
Landlord approval (Section 8 only)			
2 personal references letter (PH only)			
Criminal History check			
EIV Reports clear			

<input type="checkbox"/> Addition of member approved	
<input type="checkbox"/> Addition of member denied	
Date of denial letter:	
Reason for denial:	
Staff signature	Date