



Request to Add a Household Member

Case Coordinator:

Anyone you list as a household member must use the subsidized unit as their primary residence (at least 51% of the time). All adults must have an acceptable criminal background, cannot owe any housing authority money, and, if s/he previously participated in a federally subsidized housing program, must have acceptable compliance history. All adult additions must be approved in writing by your landlord and by Housing Authority of Jackson County before the additional person can move in.

Form with fields: Head of Household, Social Security Number

Step 1: Landlord Permission (for adult additions only)

I agree to the addition of this person to the current lease I have with the above-named Voucher-holder.

Form with fields: Landlord Name, Phone number, Landlord Signature, Date

Step 2: Requested Addition's Information (continued on next page if needed)

Form with fields: Addition's Name, Date of Birth, Male/Female checkboxes, Phone Number, Emergency Contact & Phone, SS Number, Are you disabled? YES/NO checkboxes, Race/ethnicity checkboxes, Income verification section, Assets held or owned section, Are you a student? YES/NO checkboxes, Have you ever been convicted of a felony? YES/NO checkboxes

Step 3: Required Attachments for All Additions

Form with two columns: For all additions (Legal ID, Social Security, Declaration of Citizenship, Non-citizens, Income verification) and Additional forms for adult additions (HAJC Release of Information, Debts Owed and Terminations, NOTE: EACH ADULT MUST SIGN THEIR OWN 52675 FORM OBTAIN ADDITIONAL FORMS FROM FRONT DESK)

ADULT #2

Addition's Name _____ Date of Birth _____ Male Female

SS Number _____ Are you disabled? YES NO Race/ethnicity Hispanic Not Hispanic

List all income received and attach 60 days' worth of verification (for example, paystubs or letter from employer):

Type _____ Source _____ Monthly amount \$ _____

Type _____ Source _____ Monthly amount \$ _____

List all assets held or owned and attach 60 days' worth of verification (for example, bank or account statements):

Type _____ Financial institution _____ Current value \$ _____

Type _____ Financial institution _____ Current value \$ _____

Are you a student? YES NO If **YES**, attach verification of enrollment status, tuition and financial aid

Have you ever been convicted of a felony? YES NO If yes, please explain:

ADULT #3

Addition's Name _____ Date of Birth _____ Male Female

SS Number _____ Are you disabled? YES NO Race/ethnicity Hispanic Not Hispanic

List all income received and attach 60 days' worth of verification (for example, child support history, paystubs or letter from employer):

Type _____ Source _____ Monthly amount \$ _____

Type _____ Source _____ Monthly amount \$ _____

List all assets held or owned and attach 60 days' worth of verification (for example, bank or account statements):

Type _____ Financial institution _____ Current value \$ _____

Type _____ Financial institution _____ Current value \$ _____

Are you a student? YES NO If **YES**, attach verification of enrollment status, tuition and financial aid

Have you ever been convicted of a felony? YES NO If yes, please explain:

MINOR #1

Name _____ Date of Birth _____ Male Female

SS Number _____ Disabled? YES NO Race/ethnicity Hispanic Not Hispanic

MINOR #2

Name _____ Date of Birth _____ Male Female

SS Number _____ Disabled? YES NO Race/ethnicity Hispanic Not Hispanic

MINOR #3

Name _____ Date of Birth _____ Male Female

SS Number _____ Disabled? YES NO Race/ethnicity Hispanic Not Hispanic

Step 4: Medical Expense Deductions for Elderly & Disabled Households Only

Must be a qualifying member of your household have out-of-pocket medical expenses on a regular basis. Provide 12 months history of payments or invoices showing monthly premium amount. You may ask your doctor or pharmacist for a 12-month payment history.

Name of Household Member	Expense Type (Co-pay, Rx etc.)	Payments Made To	Amount Paid Monthly	Doctor/Prescriber
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

Step 5: Childcare Deduction

Attach a statement from the provider that includes any subsidies and/or co-pays.

Provider Name _____

Provider Phone _____ Your co-pay \$ _____ Per Week Month

I certify the above information is true and the additional household member will reside in the subsidized unit at least 51% of the time. I acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program.

Head of Household Signature

Date

Addition's signature (if an adult)

Date

Addition's signature (if an adult)

Date

Addition's signature (if an adult)

Date

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GENERAL RELEASE OF INFORMATION

Authority: This release of information is in addition to the HUD-9886 Authorization for the Release of Information/Privacy Act Notice

Who May sign the consent form – (General Release of Information form): Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to sign consent form - (General Release of Information 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 HAJC's grievance and Housing Choice Voucher informal hearing procedures.

Privacy Act Notice: Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42U.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). The Housing and Community Development Act of 1987 (42U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members is mandatory, and not provided the Social Security Numbers will affect your eligibility. 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, HAJC, and any owner (or any employee of HUD, HAJC or the owner) 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 this form is restricted to the purposes cited on the form. Any person 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 the relief, as may be appropriate, against the officer or employee of HUD, HAJC or the owner responsible for the unauthorized disclosure or improper use.



GENERAL RELEASE OF INFORMATION

I hereby authorize Housing Authority of Jackson County (HAJC) and the U.S. Department of Housing and Urban Development (HUD) to obtain the information listed below for the purpose of determining my eligibility to receive and continue receiving housing assistance. HAJC may use this release to make inquiries or secure information from any source whatsoever, including a person, business, or organization that has, or may have, any information listed below. If HAJC makes any negative determination(s) based upon the information obtained, I will have the opportunity to contest such determinations, if I participate in the Project-based or Mod-Rehab program, I also authorize HAJC and the owner and/or manager of the building in which I reside to share with each other any information needed to verify my continued eligibility and suitability for subsidized. This consent expires 15 months after it is signed.

- Rental history records and references, including but not limited to, information about the ability to pay rent, the ability to live independently, take care of rental property, and get along with neighbors;
- Non-residential references from individuals with whom a professional relationship has been established, and references from neighbors, community, and relatives;
- References from employers, including wage and salary information and job performance;
- Criminal history, including fingerprint submission where necessary to effect positive identification;
- Credit reports;
- Services provided by individuals or agencies which are relevant to the ability to pay rent, take care of rental property, and get along well with neighbors and community;
- (HUD only) U.S. Social Security Administration and U.S. Internal Revenue Service;
- Income and asset information from any source, including State Wage Information Collection Agencies, for all family members;
- Immigration status, citizenship status, and legal identity verifications;
- School registration for minor children, and for family members over the age of 18 where required to establish program eligibility;
- Registration in educational or vocational training programs including information about participation/completion of such programs;
- Verification of disability or handicap, if necessary for program eligibility (not including details of actual disability or handicap);
- Verification of need for reasonable accommodation, if requested;
- Credit reports and/or tenant screening reports from private contractors;
- Outstanding debt to other housing agencies
- I consent to authorize the Oregon Child Support Program, Department of Justice, and any district attorneys providing Title IV-D services, to release records relating to my child support case. This is for the purpose of verifying the amount of child support I am entitled to receive and/or to obtain a record of payments I have received. This permission is granted to verify my eligibility for housing assistance;
- Verification of medical expenses.

Head of Household (printed name)

Signature

Date

Co-Head, Spouse, Partner or Other Adult (printed name)

Signature

Date

Other Adult (printed name)

Signature

Date

Other Adult (printed name)

Signature

Date

Other Adult (printed name)

Signature

Date



DECLARATION OF CITIZENSHIP STATUS

This declaration must be completed for each family member. All adults, 18 years of age or older, must sign their own declaration. The declaration for children, under 18 years of age, must be signed by an adult member of the family residing (or who will reside) in the assisted housing unit and who is responsible for the child.

UNDER PENALTY OF PERJURY, I DECLARE THAT:

FAMILY MEMBER NAME: _____ IS:

- A citizen of the United States
- A noncitizen with eligible immigration status; I understand that I must provide documentation of the 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 assistance that my family will receive.

CERTIFIED BY: _____ DATE: _____
ADULT'S SIGNATURE REQUIRED



UNDER PENALTY OF PERJURY, I DECLARE THAT:

FAMILY MEMBER NAME: _____ IS:

- A citizen of the United States
- A noncitizen with eligible immigration status; I understand that I must provide documentation of the 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 assistance that my family will receive.

CERTIFIED BY: _____ DATE: _____
ADULT'S SIGNATURE REQUIRED

UNDER PENALTY OF PERJURY, I DECLARE THAT:

FAMILY MEMBER NAME: _____ IS:

A citizen of the United States

A noncitizen with eligible immigration status; I understand that I must provide documentation of the 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 assistance that my family will receive.

CERTIFIED BY: _____ DATE: _____
ADULT'S SIGNATURE REQUIRED

UNDER PENALTY OF PERJURY, I DECLARE THAT:

FAMILY MEMBER NAME: _____ IS:

A citizen of the United States

A noncitizen with eligible immigration status; I understand that I must provide documentation of the 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 assistance that my family will receive.

CERTIFIED BY: _____ DATE: _____
ADULT'S SIGNATURE REQUIRED

UNDER PENALTY OF PERJURY, I DECLARE THAT:

FAMILY MEMBER NAME: _____ IS:

A citizen of the United States

A noncitizen with eligible immigration status; I understand that I must provide documentation of the 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 assistance that my family will receive.

CERTIFIED BY: _____ DATE: _____
ADULT'S SIGNATURE REQUIRED

FAMILY OBLIGATIONS

THE PURPOSE OF THIS DOCUMENT IS TO CLARIFY THESE OBLIGATIONS SO THE FAMILY CAN CLEARLY UNDERSTAND WHAT IS EXPECTED. IF YOU HAVE ANY QUESTIONS REGARDING THE OBLIGATIONS THAT ARE OUTLINED BELOW, PLEASE ASK YOUR CASEWORKER. PLEASE UNDERSTAND THAT YOUR FAILURE TO FULFILL THESE PROGRAM OBLIGATIONS COULD LEAD TO TERMINATION OF PROGRAM BENEFITS AND EVEN CRIMINAL PROSECUTION. FOR YOUR BENEFIT AND PROTECTION, PLEASE READ THE FOLLOWING:

A. This section states the obligations of the participant family under the program

1. The family must supply any information that the Housing Authority of Jackson County or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. Information includes any requested certification, release or other documentation.
2. The family must supply any information requested by the Housing Authority of Jackson County or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
3. The family must disclose and verify Social Security Numbers and must sign and submit consent forms for obtaining information.
4. Any information supplied by the family must be true and complete.
5. You must report any changes within 10 days from the change. Failure to do this could result in termination from the program.

B. Housing Quality Standard breach caused by the Family

1. The family is responsible for any HQS breach caused by the family or its guests.

C. Allowing the Housing Authority of Jackson County inspections

1. The family must allow the Housing Authority of Jackson County to inspect the unit at reasonable times and after at least 2 days notice.

D. Violation of Lease

1. The family may not commit any serious or repeated violation of the lease. If a FED is filed and judgment is awarded to the owner and enforced, the family will be terminated from the program.

E. Family Notice of Move or Lease Termination

1. The family must notify the Housing Authority of Jackson County and the owner before the family moves out of the unit or terminates the lease by a notice to the owner.

F. Owner Eviction Notice

1. The family must promptly give the Housing Authority of Jackson County a copy of any owner eviction notice it receives.

G. Use and Occupancy of the Unit

1. The family must use the assisted unit for a residence by the family. The unit must be the family's only residence.
2. The Housing Authority of Jackson County must approve the composition of the assisted family residing in the unit. The family must promptly inform the Housing Authority of Jackson County of the birth, adoption or court awarded custody of a child. The family must request approval from the Housing Authority of Jackson County to add any other family member as an occupant of the unit. No other person (ie., no one but members of the assisted family) may reside in the unit (except for a foster child/foster adult or live-in aide as provided in paragraph (4) of this Section).
3. The family must promptly notify the Housing Authority of Jackson County if any family member no longer resides in the unit.
4. If the Housing Authority of Jackson County has given approval, a foster child/foster adult or a live-in aide may reside in the unit. The Housing Authority of Jackson County has the discretion to adopt reasonable policies concerning residence by a foster child/foster adult or a live-in aide and defining when the Housing Authority of Jackson County consent may be given or denied.
5. Members of the household may engage in legal profit-making activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family. Any business uses of the unit must comply with zoning requirements and the affected household member must obtain all appropriate licenses.
6. The family must not sublease or let the unit.
7. The family must not assign the lease or transfer the unit.
8. The family must not allow any person who is not an approved member of the household to use the participant's address as a mailing address as it will establish proof of residency and may result in termination of assistance.

H. Absence from the Unit

1. The family must supply any information or certification requested by the Housing Authority of Jackson County to verify that the family is living in the unit, or relating to family absence from the unit, including any Housing Authority of Jackson County requested information or certification on the purposes of family absences. The family must cooperate with the Housing Authority of Jackson County for this purpose. The family must promptly notify the Housing Authority of Jackson County in writing of its absence from the unit.

- 2. Absence means that no member of the family is residing in the unit. The family may be absent from the unit for up to 30 calendar days. The family must request permission from the Housing Authority of Jackson County for absences exceeding 30 calendar days. The Housing Authority of Jackson County will make a determination within 10 business days of the request. An authorized absence may not exceed 180 calendar days. Any family absent for more than 30 calendar days without authorization will be terminated from the program.
- 3. Authorized absences may include, but are not limited to:
 - a. Prolonged hospitalization
 - b. Absences beyond the control of the family (i.e., death in the family, other family member illness)
 - c. Other absences that are deemed necessary by the Housing Authority of Jackson County.
- I. Interest in the Unit**
 - 1. The family may not own or have any interest in the unit (except for owners of manufactured housing renting the manufactured home space).
- J. Fraud and Other Program Violations**
 - 1. The members of the family must not commit fraud, bribery, or any other corrupt or criminal act in connection with the programs.
- K. Crime by Family Members**
 - 1. The members of the family may not engage in drug-related criminal activity or other violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. The use of medical marijuana is not included in the ban.
- L. Other Housing Assistance**
 - 1. An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) Federal, State or local housing assistance program.

By its signature, the family agrees to fulfill the program responsibilities noted above and understands that failure to do so may result in permanent loss of housing assistance eligibility, and criminal prosecution. Further, as the signer of this document, I acknowledge that I have read, or had read to me in a language I understand, the above responsibilities and obligations and I agree to accept them.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____