7B

HOUSING CHOICE VOUCHER HOUSEHOLD *ADD* FORM: MINOR

Complete the following form to add members to your household. ***ALL*** *household members, residing in an assisted unit, must be approved by Brown County Housing Authority. BCHA approval is required* ***BEFORE*** *new members move into the unit.*

Head of Household: _____ Ph No: _____ Tenant ID: _____

PART 1: LIST THE MEMBER(S) WHO IS (ARE) BEING ADDED TO THE HOUSEHOLD.

Full Legal Name	Social Security Number	DOB	Gender	Disabled
			☐ M ☐ F	☐ Y ☐ N
Relation to Head of Household	**Race**	**Ethnicity**	**US Citizen or Legal Immigrant**	**Move-in Date**
☐ Youth ☐ Foster Child	☐ White ☐ Black ☐ Asian ☐ Am. Indian/Alaska Native ☐ Nat. Hawaiian/Pacific Isla.	☐ Hispanic ☐ Non-Hispanic	☐ Y ☐ N	

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			☐ M ☐ F	☐ Y ☐ N
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☐ Youth ☐ Foster Child	☐ White ☐ Black ☐ Asian ☐ Am. Indian/Alaska Native ☐ Nat. Hawaiian/Pacific Isla.	☐ Hispanic ☐ Non-Hispanic	☐ Y ☐ N	

PART 2: PROOF OF ELIGIBILITY – YOU MUST PROVIDE COPIES OF THE FOLLOWING DOCUMENTS.

Check Box for Documents Attached (If these are not provided with this form your assistance can be stopped):

☐ Verification of Date of Birth: Copy(s) of a birth certificate, church issued baptismal certificate, or Citizenship Documentation

☐ Verification of Legal Identity: Copy(s) of Social Security card and/or alien registration card/naturalization paper

FILL OUT PART 7 IF THE NEW HOUSEHOLD MEMBER DOES NOT HAVE A SOCIAL SECURITY NUMBER

PART 3: ASSET INFORMATION

List all assets held by new member(s) and provide current statements showing the value.

Examples of Assets:

401(k) or 403(b)	Mutual Funds	Savings/Checking Account	Life Insurance Policies	Pensions	Trust Funds
Stocks	Bonds	Individual Retirement Account (IRA)	Money Market Account	Real Property (Land)	Inheritances

Member Name	Type of Asset	Financial Institution	Account #	Current Balance
				$
				$
				$
				$

PART 4: INCOME INFORMATION

List all income held by new member(s) and provide current documentation showing the amount received.

Examples of income:

Alimony	Food Stamps	Self-Employment	Wages/Salaries	Child Support	Military Pay
Social Security	Welfare Benefits	Financial Assistance to Attend School	Worker's Compensation	Disability Benefits	Periodic Gifts
SSI	Retirement Payments	Unemployment Benefits			

Member Name	Type of Income	Source/Address	Monthly Income
			$
			$
			$
			$

PART 5: EXPENSE INFORMATION

List applicable expenses of new member(s) and provide current documentation showing the amount paid.

Child Care Expenses: If you have childcare expenses due to employment and/or to further your education for any child age 12 and under

Medical Expenses: If Head or Spouse is 62 years or older or disabled and have ***on-going*** medical expenses that are not covered by insurance

Member Name	Type of Expense	Source/Address	Monthly Cost
			$
			$
			$
			$

PART 6: TENANT CERTIFICATION

I certify that the information given to BCHA on household composition, income, assets, and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for termination of housing assistance.

_____ _____

Signature of Head of Household Date

PART 7: H NUMBER REQUEST

Please fill out the following information for the new household member

HOUSEHOLD MEMBER NUMBER
H-

Name - Last _____ First _____ Middle Initial _____

Date of Birth _____ Circle one: Male Female

Place of Birth Country _____

State _____

City _____

Ethnicity (CIRCLE ONE):

Hispanic/Latino Non-Hispanic/Latino

Race (CIRCLE ONE):

White Black American Indian/Alaskan Native

Asian Hawaiian/ Pacific Islander

Reason for no Social Security Card: _____
If this person has a card, please provide in person to be copied at this agency.

Reason for no Alien Registration Number: _____
If this person is registered, please provide card in person to be copied at this agency.

Document provided to verify identity: _____

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Under the penalty of perjury, I/we certify that the information provided is true and complete to the best of my/our knowledge and belief. I/We understand that we can be fined up to $10,000 or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if we furnish false or incomplete information.

_____ _____
Signature of Head of Household Date

DECLARATION OF CITIZENSHIP

PLEASE COMPLETE THIS FORM AND RETURN TO: Brown County Housing Authority
417 S. Monroe Ave, Suite 102
Green Bay, WI 54301

Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	**I am a citizen or national of the U.S.**		**I am a noncitizen with eligible immigration status.**	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X
			❑	or	❑	X

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to $10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

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Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

(1) Form I-551, Alien Registration Receipt Card
(2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
(3) Form I-688, Temporary Resident Card
(4) Form I-688B, Employment Authorization Card
(5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call at to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

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