

HOUSING AUTHORITY OF SNOHOMISH COUNTY

12711 - 4th Avenue West • Everett, Washington 98204
(425) 290-8499 • FAX (425) 290-5618

REQUEST TO ADD/REMOVE A MEMBER OF THE HOUSEHOLD

MUST BE COMPLETED BY HEAD OF HOUSEHOLD

TENANT NAME: _____ PHONE NUMBER: _____ COMPLEX/APT. NUMBER: _____

WHO WOULD YOU LIKE TO ADD OR REMOVE FROM YOUR HOUSEHOLD?	RELATIONSHIP TO HEAD OF HOUSEHOLD <i>(please attach documents necessary to verify your relationship)</i>
<input type="checkbox"/> Request to Add <input type="checkbox"/> Request to Remove (Indicate Move Out Date) Name: _____ Date of Birth: _____ Social Security Number: _____ Move Out Date: _____	<input type="checkbox"/> Birth child of: _____ <input type="checkbox"/> Adopted/foster child – <i>attach court/social service verification</i> <input type="checkbox"/> Court Awarded Custody – <i>attach court award verification</i> <input type="checkbox"/> Spouse – <i>attach marriage certificate</i> <input type="checkbox"/> Domestic Partner/Significant Other* <input type="checkbox"/> Adult child or parent of: _____ <input type="checkbox"/> "Other": _____

*To verify domestic partner/significant other relationship, attach verification such as: joint bank account, joint health insurance, power of attorney, wills, etc.

PLEASE REMEMBER – All adults must **pass** HASCO’s screening criteria **before** they move in. “Other” household members will be permitted to move into the unit **only** if their addition does not result in an overcrowding of the unit – **no** additional bedrooms will be given for the addition of “other” household members.

WARNING – TITLE 18 SECTION 1001 OF THE U.S. CODE STATES THAT ANY PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE/BELIEF AND THAT THERE HAVE BEEN NO OTHER CHANGES TO MY FAMILY COMPOSITION, INCOME, ASSETS OR ALLOWABLE EXPENSES.

HEAD OF HOUSEHOLD NAME (PRINT)

SIGNATURE
Equal Housing Opportunity

DATE