



Add a Minor

Instructions: Please complete and sign this form. Return with the following items:

- **A copy of each** new member's **Social Security Card** or letter from SSA confirming the member's SSN
- **A copy of birth certificate** or **current custody documentation**
- **Declaration of Section 214 Eligibility Status** (Attached)
- **Important:** If any income is changing, please complete a Change of Circumstance form with verification of new income

Head of Household:	Last 4 of SSN:
Phone number:	Email:

New Minors to Add to the Household:

Name	DOB	Gender	Place of Birth	Relationship to Head	SSN	Race	Ethnicity (Hispanic Y/N)

Date of Addition to Household: _____

Disclaimer and Signature

Important: The Housing Authority of Snohomish County must receive your Change of Circumstance form by the 20th of the month for the change to take effect the following month. If the form is not completed and supporting documentation provided, the review will be delayed. Rent adjustments cannot take place until all necessary information is submitted.

I certify that the information given above is true and correct to the best of my knowledge and belief. I am aware that misrepresentation or omission of information to the Housing Authority of my family circumstances is cause for termination of my housing assistance.

Head of Household
 Signature: _____ Date: _____



DECLARATION OF SECTION 214 ELIGIBILITY STATUS

(Circle One) Head of Household/Adult Family Member

(Circle One) Spouse/Co-Tenant/Adult Family Member

Print name: _____

Print name: _____

Birth date: _____

Birth date: _____

Certify that I am (please check one):

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- a U.S. Citizen
- a non-citizen with Eligible Immigration Status
- choosing not to state if I am a U.S. Citizen or have Eligible Immigration Status

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(Please complete the following only if there are minor children in the family and you are the responsible adult family member)

I certify that the following minor children listed in my household are *(please check appropriate box(s) and list the name and birth date): (Use the following page for additional minor children.)*

	NAME	BIRTHDATE
<input type="checkbox"/> a U.S. Citizen	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> a non-citizen with Eligible Immigration Status	_____	_____
	_____	_____
	_____	_____
<input type="checkbox"/> choosing not to state if they are a U.S. Citizen or have eligible immigration status	_____	_____
	_____	_____

I declare under penalty of perjury under the laws of the state of Washington that the above is true and correct to the best of my knowledge.

Head of Household/Adult Signature

Date

Spouse/Co-head/Other Adult Signature

Date

Ways Home. Paths Forward.

