



HOUSING AUTHORITY
of the **COUNTY OF BUTTE**
2039 Forest Avenue • Chico, CA 95928

(530) 895-4474
FAX (530) 894-8738
(800) 564-2999
TDD RELAY (800) 735-2929

CHANGE FORM FOR ADDING MEMBER
SECTION 8

PLEASE PRINT ALL INFORMATION

Head of Household _____ Last 4 Digits, SS# _____

Address _____ City _____ State _____ Zip _____

Name on file if different than above _____

Phone # Home: (____) _____ - _____ Work (____) _____ - _____ Message (____) _____ - _____

REQUEST TO ADD MEMBERS TO HOUSEHOLD

You must get approval from the Housing Authority before you move any members into your household.

The process to add a family member will be a two-step process:

1. List family member below and provide the following:
 - a. For adults: copy of Birth Certificate, Social Security Card, and Picture ID Card. The member will also need to complete the attached forms, sign, and date.
 - b. For minors: copy of Birth Certificate and Social Security Card. If the minor is not a newborn child, custody papers will also need to be provided. The only attached form that needs to be completed is the "Declaration of Section 214 Status". If there is a change in income with the addition of the minor please complete the forms for income as well.
2. After the Housing Authority approves the member to be added, you will need to provide a copy of a lease agreement from the landlord with the new member listed.

_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Relationship	Birth-Date	SS#
_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Relationship	Birth-Date	SS#
_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Relationship	Birth-Date	SS#
_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Relationship	Birth-Date	SS#

Date Family Member is planning on moving in or has moved In _____

***If these steps are not completed, the member will not be added to your household. If the member resides in the unit without approval from the Housing Authority, you will be terminated from the Housing Choice Voucher program.**



The Housing Authority of the County of Butte is an Equal Opportunity Employer and Housing Provider





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WARNING: Section 1001 of Title 18 of the U. S. Code makes it a **CRIMINAL OFFENSE** to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

I/We certify that the information given to the Housing Authority of the County of Butte on family composition and household income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy. **I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs and requirements and prohibitions.**

Signature of Head of Household

Date

Signature of Other Adult Member

Date



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