



HOUSING AUTHORITY of the County of Butte

(530) 895-4474
FAX (530) 894-8738
TDD/TTY (800) 735-2929
(800) 564-2999 Butte County Only
WEBSITE: www.butte-housing.com
2039 Forest Avenue • Chico, CA 95928

CHANGE FORM FOR ADDING MINOR 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.

1. NEW HOUSEHOLD MEMBER

Form for adding a new household member with fields for Last Name, First Name, M.I., Birth Date, Sex, Relationship, Social Security Number, Place of Birth, Race, Ethnicity, and Minor Child status.

2. NEW HOUSEHOLD MEMBER

Form for adding a second new household member with fields for Last Name, First Name, M.I., Birth Date, Sex, Relationship, Social Security Number, Place of Birth, Race, Ethnicity, and Minor Child status.

3. NEW HOUSEHOLD MEMBER

Form for adding a third new household member with fields for Last Name, First Name, M.I., Birth Date, Sex, Relationship, Social Security Number, Place of Birth, Race, Ethnicity, and Minor Child status.



Revised 2/15/17

The Housing Authority is an equal opportunity employer and housing provider.





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INCOME

Does the new member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months? Answer every question Yes or No. Income includes all money or contributions from any and all sources paid on behalf of the new family member.

Table with columns: Yes, No, Who Receives?, Amount. Rows include: Death Benefits?, Social Security?, SSI?, CalWorks or CalFresh?, Are CalWorks benefits being sanctioned?, Financial Aid?, Unemployment Benefits?, Foster Care Payments?, Employment? Please complete Earnings/Wages section.

EARNINGS/WAGES SECTION

Indicate below all wages, salaries, tips or commissions, overtime, bonuses, or other compensation for personal services from any and all employers for the new family member. Must provide the last 3 months of pay stubs.

Who receives income? Employer

Employer's Address

City Zip Code Employer's Phone Number

Hours worked per week? Hourly Rate?

Weekly Bi-Weekly (every 2 weeks) Semi-Monthly (twice monthly) Monthly

Average overtime hours per week? Average tips/commissions per week?



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ASSETS

Does the new family member have any of the following Assets? Check Yes or No for each Type of Asset. Attach a separate sheet if needed. Please attach a copy of the most recent statement for each account.

Table with 5 columns: Type of Asset, Do you Have?, Family Member, Name of Bank, Brokerage, or Company, Value or Balance. Rows include Checking, Savings, Money Market, Trust, and Life Insurance.

Yes No

- Have you or any family member sold or given away of any assets for less than fair market value in the past two (2) years?
If yes, date disposed? Value? Amount Received?
Are any assets held jointly with another person?
If yes, provide their name and address.

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





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DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

UNDER PENALTY OF PERJURY, I DECLARE THAT:

- 1. (Family Member Name)
(I) I am a citizen by birth, a naturalized citizen, or a national of the United States; or
(I) I have eligible immigration status and I am 62 years of age or older; or
(I) I have eligible immigration status as checked below (see attached form for explanations).
() Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
() Permanent residence under 249 of INA 4/; or
() Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
() Parole status under 212(d)(5) of the INA /6; or
() Threat to life or freedom under 243 (h) of the INA /7; or
() Amnesty under 245A of the INA 8/.
() I am a non-citizen without eligible immigration status.

Signature (*Parent / Guardian must sign for family members under age 18. DO NOT sign child's name) Date

UNDER PENALTY OF PERJURY, I DECLARE THAT:

- 2. (Family Member Name)
(I) I am a citizen by birth, a naturalized citizen, or a national of the United States; or
(I) I have eligible immigration status and I am 62 years of age or older; or
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() I am a non-citizen without eligible immigration status.

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- 3. (Family Member Name)
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- 4. (Family Member Name)
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- 5. (Family Member Name)
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() Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
() Parole status under 212(d)(5) of the INA /6; or
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- 6. (Family Member Name)
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Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

1. **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
2. **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by § 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by § 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
3. **Permanent residence under §249 on INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
4. **Refugee, asylum, or conditional entry status under §§207, 208, or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8U.S.C.

Documents that Establish Identity

I-94 (Arrival Departure Record)

I-327 (Unexpired Reentry Permit)

I-551 (Permanent Resident Card or an Alien Registration Card)

I-571 (Unexpired Refugee Travel Document)

I-688 (Unexpired Temporary Resident Card)

I-688A (Unexpired Employment Authorization Card)

I-688B (Unexpired Authorization Document issued by INS which contains a Photograph)

I-766 (Employment Authorization Document annotated AA3)

Unexpired foreign passport

United States passport (unexpired or expired)

