

PROCEDURE TO ADD A MEMBER TO HOUSEHOLD

1. Obtain a letter from your landlord allowing the additional member to reside in your unit.
2. Complete the bottom of this form.
3. If the new member is 16 years of age or older they must fill out the release of information form attached.
4. Return the documents listed above to your caseworker.
5. You must receive approval from Section 8 **before** you allow anyone to reside in your unit.

Pursuant to the federal regulations, the composition of the Section 8 family residing in the unit must be approved by the Authority. No other person [ie. nobody but members of the assisted family] may reside in the unit. 24 CFR 982.551

Federal regulations also require that the Authority conduct background checks on each applicant. Where the background check reveals a criminal record, the Authority may deny assistance if the applicant has been engaged in alcohol abuse or criminal activity, including (1) drug-related criminal activity, (2) violent criminal activity, (3) other criminal activity that threatens the peaceful enjoyment of the premises by other residents, by persons residing in the immediate vicinity of the premises or (4) other criminal activity that threatens the health and safety of the owner, property management staff or a PHA employee or agent. 24 CFR 982.551, 982.552 & 982.553.

Request to Add Member to Household

Head of Household Name: _____ Address: _____

Member to be added Name: _____

Current Address: _____

Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Sex: Female _____ Male _____

Race: Black _____ White _____ Asian _____ American Indian _____ Pacific Islander _____

Ethnicity: Hispanic _____ Non-Hispanic _____

Annual Income: _____ Source of Income: _____

Assets (Bank accounts, IRS, Bonds, property etc.): _____

Relationship to head of household: _____ Reason for adding member: _____

Signature of Head of Household _____ Date: _____



THE MUNICIPAL HOUSING AUTHORITY
FOR THE CITY OF YONKERS

ADMINISTRATION OFFICE
1511 CENTRAL PARK AVENUE
P.O. BOX 35, YONKERS, NEW YORK 10710
TEL: (914) 793-8400

FAX: Section 8/Public Housing: (914) 793-9117 FAX: Purchasing/Maintenance: (914) 793-2880

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Date: _____

Name: _____

Address: _____

City/State: _____ **Zip Code:** _____

To Whom It Concerns:

I (We) am (are) an applicant(s) for the Yonkers Municipal Housing Authority (Housing Assistance Program). The information being requested on this form is for the purpose of determining my (our) eligibility for rent subsidy. The following information is to determine eligibility will be requested and verified:

1. Criminal Background Check to be completed by Local Law Enforcement
2. Credit Check
3. Landlord Verification
4. Family Composition and type (Elderly, Non-Elderly)
5. Annual Income
6. Assets and Asset Income
7. Allowance Information
8. Federal Preferences
9. Social Security Numbers of **all** Family Members
10. Citizenship or Eligible Immigration Status

I (We) hereby give permission for release of this information and understand that it will be kept in STRICT CONFIDENCE and be used for program purposes only. I would appreciate your prompt attention to supply the requested information and return the form to the Housing Authority within five (5) days of receipt.

I (We) understand that a photocopy of this release is as valid as the Original.

All person (s) on the application who is 16 Years and over must sign this form and include their Social Security Number and Birth Date.

_____ Signature	_____ Social Security Number	_____ Date of Birth
_____ Signature	_____ Social Security Number	_____ Date of Birth
_____ Signature	_____ Social Security Number	_____ Date of Birth