

HOUSING CHOICE VOUCHER HOUSEHOLD ADD FORM:

MINOR

Complete the following form to add members to your household. **ALL** household members, residing in an assisted unit, must be approved by Integrated Community Solutions. ICS approval is required **BEFORE** new members move into the unit.

Head of Household: _____ Ph No: _____ Tenant ID: _____

PART 1: LIST THE MEMBER(S) WHO IS (ARE) BEING ADDED TO THE HOUSEHOLD.

Full Legal Name	Social Security Number	DOB	Gender	Disabled
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
Relation to Head of Household	Race	Ethnicity	US Citizen or Legal Immigrant	Move-in Date
<input type="checkbox"/> Youth <input type="checkbox"/> Foster Child	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian/Alaska Native <input type="checkbox"/> Nat. Hawaiian/Pacific Isla.	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Y <input type="checkbox"/> N	

Full Legal Name	Social Security Number	DOB	Gender	Disabled
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y <input type="checkbox"/> N
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PART 2: PROOF OF ELIGIBILITY – YOU MUST PROVIDE COPIES OF THE FOLLOWING DOCUMENTS.

Check Box for Documents Attached (If these are not provided with this form your assistance can be stopped):

- Verification of Date of Birth: Copy(s) of a birth certificate, church issued baptismal certificate, or Citizenship Documentation
- Verification of Legal Identity: Copy(s) of Social Security card and/or alien registration card/naturalization paper

FILL OUT PART 7 IF THE NEW HOUSEHOLD MEMBER DOES NOT HAVE A SOCIAL SECURITY NUMBER

PART 3: ASSET INFORMATION

List all assets held by new member(s) and provide current statements showing the value.

Examples of Assets:

401(k) or 403(b) Stocks Mutual Funds Bonds Savings/Checking Account Individual Retirement Account (IRA) Life Insurance Policies Money Market Account Pensions Real Property (Land) Trust Funds Inheritances

Member Name	Type of Asset	Financial Institution	Account #	Current Balance
				\$
				\$
				\$
				\$

PART 4: INCOME INFORMATION

List all income held by new member(s) and provide current documentation showing the amount received.

Examples of income:

Alimony Food Stamps Self-Employment Wages/Salaries Child Support Military Pay
Social Security Welfare Benefits Financial Assistance to Attend School Worker's Compensation Disability Benefits Periodic Gifts
SSI Retirement Payments Unemployment Benefits

Member Name	Type of Income	Source/Address	Monthly Income
			\$
			\$
			\$
			\$

PART 5: EXPENSE INFORMATION

List applicable expenses of new member(s) and provide current documentation showing the amount paid.

Child Care Expenses: If you have childcare expenses due to employment and/or to further your education for any child age 12 and under

Medical Expenses: If Head or Spouse is 62 years or older or disabled and have **on-going** medical expenses that are not covered by insurance

Member Name	Type of Expense	Source/Address	Monthly Cost
			\$
			\$
			\$
			\$

PART 6: TENANT CERTIFICATION

I certify that the information given to ICS on household composition, income, assets, and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for termination of housing assistance.

Signature of Head of Household

Date

PART 7: H NUMBER REQUEST

Please fill out the following information for the new household member

HOUSEHOLD MEMBER NUMBER

H-

Name - Last _____ First _____ Middle Initial _____

Date of Birth _____ Circle one: Male Female

Place of Birth Country _____

State _____

City _____

Ethnicity (CIRCLE ONE):

Hispanic/Latino Non-Hispanic/Latino

Race (CIRCLE ONE):

White Black American Indian/Alaskan Native
Asian Hawaiian/ Pacific Islander

Reason for no Social Security Card: _____
If this person has a card, please provide in person to be copied at this agency.

Reason for no Alien Registration Number: _____
If this person is registered, please provide card in person to be copied at this agency.

Document provided to verify identity: _____

=====
Under the penalty of perjury, I/we certify that the information provided is true and complete to the best of my/our knowledge and belief. I/We understand that we can be fined up to \$10,000 or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if we furnish false or incomplete information.

Signature of Head of Household Date

Authorization for the Release of Information

Tenant ID _____

PHA requesting release of information:

Integrated Community Solutions
 2605 S. Oneida St, Suite 106
 Green Bay, WI 54304

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date	Social Security Number (if any) of Head of Household
Spouse	Date	Other Family Member over age 18 Date
Other Family Member over age 18	Date	Other Family Member over age 18 Date

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

DECLARATION OF CITIZENSHIP

Tenant ID _____

PLEASE COMPLETE THIS FORM AND RETURN TO:

Integrated Community Solutions
 2605 S. Oneida St. Suite 106
 Green Bay, WI 54304

Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status.	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

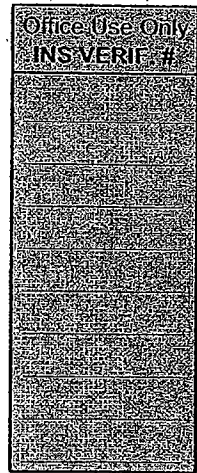
As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	X _____
_____	_____	_____	X _____
_____	_____	_____	X _____
_____	_____	_____	X _____
_____	_____	_____	X _____
_____	_____	_____	X _____
_____	_____	_____	X _____
_____	_____	_____	X _____
_____	_____	_____	X _____



Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.