

MARION COUNTY HOUSING AUTHORITY

2645 Portland Rd. NE · Suite 200 · Salem, OR · 97301

Phone: (503) 798-4170 Fax: (503) 798-4171 TTY: (800) 735-2900

**For MCHA use only:**

Copy of all forms to:

Date Received:

 HCV Dept.

And or

 Owned Housing

Staff Initials: _____

HOUSING CHOICE VOUCHER & PROJECT BASED VOUCHER PARTICIPANTS:Changes & all required verifications must be reported/submitted by the 15th of any month for a change to be considered for the first of the following month. Changes reported after the 15th of the month & incomplete packets will be delayed for at least 30 days.**REQUEST TO ADD A NEW HOUSEHOLD MEMBER**

IF YOU OR ANYONE IN YOUR FAMILY IS A PERSON WITH DISABILITIES, AND YOU REQUIRE A SPECIFIC ACCOMMODATION TO FULLY UTILIZE OUR PROGRAMS AND SERVICES, PLEASE CONTACT OUR OFFICE.

▶ PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY ◀

Head of Household Name:

Last 4 of SSN:

Address

City:

State:

Zip Code:

Phone:

Msg Phone:

E-Mail:

PROGRAM (check "✓" applicable program/property)

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Housing Choice Voucher | <input type="checkbox"/> VASH | <input type="checkbox"/> Meadowood | <input type="checkbox"/> Woodpark Terrace | <input type="checkbox"/> Farmdale Apartments |
| <input type="checkbox"/> Project Based Voucher (Twilight Courts) | <input type="checkbox"/> Evergreen Court | <input type="checkbox"/> Creekside Duplexes | <input type="checkbox"/> Harvest Manor | |
| <input type="checkbox"/> Oak Park Village | <input type="checkbox"/> Stayton Elder Manor | <input type="checkbox"/> Sheridan Senior Estates | <input type="checkbox"/> Edelweiss Village | <input type="checkbox"/> Hazelwood Estates |

NEW MEMBERS INFORMATION **I AM ADDING A NEW ADULT(S) HOUSEHOLD MEMBER (SEE PAGE 2 FOR INFORMATION/DOCUMENTS THAT ARE REQUIRED) →***MCHA is required to screen and approve all adult household members for eligibility **BEFORE** they move in to your household. Written landlord approval must also be received for all new adults before a determination is made. Please be aware, any adult that is added to your household will have equal rights to access the Housing Choice Voucher in case of a family break up.*

1. Name of NEW ADULT household member:	Relationship to Head of Household:	DOB:
2. Name of NEW ADULT household member:	Relationship to Head of Household:	DOB:

 I AM ADDING A NEW CHILD (complete box #1 & see pg. 2 for information/documents that are required) → **I AM ADDING MORE THAN 1 NEW CHILD** (complete box #1 and page 2 & see pg. 2 for information/documents that are required) →

1. Full Name of Child:	DOB:
Child by: <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Awarded Custody/Guardianship <input type="checkbox"/> Foster Placement <input type="checkbox"/> Custody/Guardianship (not court awarded)	
Do you have: <input type="checkbox"/> Full Custody <input type="checkbox"/> Shared Custody- if shared, is the child in your home more than 50% of the time? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Full SSN: _____ Sex: _____ Race	Ethnicity <input type="checkbox"/> Non-Hispanic/Non-Latino
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	
Are you receiving NEW income with the addition of your child?: <input type="checkbox"/> No <input type="checkbox"/> Yes, select one of the options below	
<input type="radio"/> TANF <input type="radio"/> Child Support <input type="radio"/> SSI/SSB <input type="radio"/> Foster care/Adoption payments <input type="radio"/> No Income <input type="radio"/> Other, list income: _____	

I/we do hereby swear and attest that all the information reported on this form about the household and me is true and complete. I/we understand that MCHA is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information, or failure to disclose information requested, may be grounds for termination of assistance and is punishable under Federal law.

WARNING: Title 18, Section 1001, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation and/or may be grounds for denial of assistance.

Head of Household Signature

Date

Co-Head/Spouse/Significant Other/Other Adult

Date

If you are adding a new CHILD or ADULT and live in Meadowood, Woodpark Terrace, Farmdale Apartments, Evergreen Court, Creekside Duplexes, Harvest Manor, Oak Park Village, Stayton Elder Manor, Sheridan Senior Estates, Edelweiss Village or Hazelwood Estates you may also be required to attend and in office appointment & provide additional information not listed below to complete the addition of your new household members.

ADDING A NEW ADULTS HOUSEHOLD MEMBER → ASK FOR PACKET TO ADD AN ADULT(S)

ADULT YOU ARE REQUESTING TO ADD TO COMPLETE & RETURN THE FOLLOWING FORMS:

- Request to Add an Adult packet, includes the following forms:
 - MCHA Authorization to Release Information
 - HUD Authorization for Release of Information/Privacy Act Notice
 - HUD Debts Owed to Public Housing Agencies and Terminations
 - Family Obligations
- Declaration of Citizenship or Immigration Status (attached)

MCHA WILL ALSO NEED COPIES OF THE FOLLOWING ITEMS:

- Verification of identity: *Certificate of birth, naturalization papers, Church issued baptismal certificate, Current driver's license or Department of Motor Vehicles identification card, U.S. military discharge (DD 214) or Current US Passport.*
- Verification of Social Security Number: *Copy of Social Security Card or verification of name and SSN by Social Security Administration, or document issued by a federal state or local government agency with name and full SSN*
- Written authorization from Landlord to add NEW adult(s)

ADDING NEW CHILDREN:

MCHA WILL NEED COPIES OF THE FOLLOWING ITEMS:

- Copy of record/birth certificate
- Verification of Social Security Number: *Copy of Social Security Card or verification of name and SSN by Social Security Administration, or document issued by a federal, state or local government agency with name and full SSN*
- Income verification-associated with new child
- Documentation of custody/guardianship/adoption

YOU WILL ALSO NEED TO COMPLETE & RETURN THE FOLLOWING FORMS:

- Declaration of Citizenship or Immigration Status (attached)

CONTINUE FILLING OUT WHEN ADDING MORE THAN 1 NEW CHILD

2. Full Name of Child:	DOB:
Child by: <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Awarded Custody/Guardianship <input type="checkbox"/> Foster Placement <input type="checkbox"/> Custody/Guardianship (not court awarded)	
Do you have: <input type="checkbox"/> Full Custody <input type="checkbox"/> Shared Custody- if shared, is the child in your home more than 50% of the time? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Full SSN: _____ Sex: _____ Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	
Are you receiving NEW income with the addition of your child?: <input type="checkbox"/> No <input type="checkbox"/> Yes, select one of the options below <input type="radio"/> TANF <input type="radio"/> Child Support <input type="radio"/> SSI/SSB <input type="radio"/> Foster care/Adoption payments <input type="radio"/> No Income <input type="radio"/> Other, list income:	

3. Full Name of Child:	DOB:
Child by: <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Awarded Custody/Guardianship <input type="checkbox"/> Foster Placement <input type="checkbox"/> Custody/Guardianship (not court awarded)	
Do you have: <input type="checkbox"/> Full Custody <input type="checkbox"/> Shared Custody- if shared, is the child in your home more than 50% of the time? <input type="checkbox"/> No <input type="checkbox"/> Yes	
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4. Full Name of Child:	DOB:
Child by: <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Court Awarded Custody/Guardianship <input type="checkbox"/> Foster Placement <input type="checkbox"/> Custody/Guardianship (not court awarded)	
Do you have: <input type="checkbox"/> Full Custody <input type="checkbox"/> Shared Custody- if shared, is the child in your home more than 50% of the time? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Full SSN: _____ Sex: _____ Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	
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The following pertains to persons who have self-declared as Non-Citizen with Eligible Immigration Status:

2/ **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.

3/ **Immigrant status under §§101(a)(15) or 101(a)(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.

4/ **Permanent residence under §249 of 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*].

5/ **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 (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

6/ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C.1182(d)(5)[*parole status*].

7/ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].

8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

<p align="center">Noncitizens that claim eligible immigration status also must present the applicable USCIS document.</p> <p align="center">Acceptable USCIS documents are listed below.</p>	
<ul style="list-style-type: none"> Form I-551 Alien Registration Receipt Card (for permanent resident aliens) Form I-94 Arrival-Departure Record annotated with one of the following: <ul style="list-style-type: none"> "Admitted as a Refugee Pursuant to Section 207" "Section 208" or "Asylum" "Section 243(h)" or "Deportation stayed by Attorney General" "Paroled Pursuant to Section 221 (d)(5) of the USCIS" 	<ul style="list-style-type: none"> Form I-94 Arrival-Departure Record with no annotation accompanied by: <ul style="list-style-type: none"> A final court decision granting asylum (but only if no appeal is taken); A letter from a USCIS asylum officer granting asylum (if application is filed on or after 10/1/90) or from a USCIS district director granting asylum (application filed before 10/1/90); A court decision granting withholding of deportation; or A letter from an asylum officer granting withholding or deportation (if application filed on or after 10/1/90).
<ul style="list-style-type: none"> Form I-688 Temporary Resident Card annotated "Section 245A" or Section 210". 	<ul style="list-style-type: none"> Form I-688B Employment Authorization Card annotated "Provision of Law 274a. 12(11)" or "Provision of Law 274a.12".
<ul style="list-style-type: none"> A receipt issued by the USCIS 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; or Other acceptable evidence. If other documents are determined by the USCIS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the <i>Federal Register</i> 	