

# HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO

264 Harbor Blvd., Bldg. A, Belmont, CA 94002-4017 • Fax: (650) 802-3372

## Request To Add Household Member

**Instructions:** In accordance with HUD regulations and Housing Authority policies, a family must request approval from the Housing Authority before adding any person as an occupant of the unit. Completing this form is the first step in requesting an addition to your current household composition. Please fax or mail the completed form **with the required documents** to the address listed above. Please use one page for each additional household member.

I, \_\_\_\_\_ (Head of Household), SS# (last 4 digits): \_\_\_\_\_ am requesting to add the following person to my household:

Name: \_\_\_\_\_ Current Address: \_\_\_\_\_

SS# (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Relationship to Head: \_\_\_\_\_

### Required Documents

**A. For household member 18 and older**

1. Landlord's written approval allowing the additional household member to reside in the unit
2. Signed "Change in Head of Household Policy" form (page 2 of this set of forms, signed by current Head of Household and New Adult Household Member)
3. Signed "Criminal Background and Arrest Information Consent" form (page 3 of this set of forms, signed by the new adult person only)
4. Copy of birth certificate or driver's license
5. Copy of Social Security card

\*Upon receipt of items 1 – 5 above, you and the potential new household member will be scheduled for an interview if approved.

**B. For household member under 18 through birth or adoption.**

1. Copy of birth certificate and/or adoption documents
2. Copy of Social Security card

\*Complete this request form and submit it with items 1 – 2 to the Housing Authority for processing.

**C. For household member under 18 with proof of guardianship**

1. Landlord's written approval allowing the additional household member to reside in the unit.
2. Copy of court awarded custody documents and/or social service agency documents, **or a combination of the following documents:**
  - Notarized written letter from the dependent's biological parent granting full custody of the dependent member, **AND**
  - One other form of supplemental documentation to confirm the minor resides with the head of household (e.g. record of enrollment in the local school, childcare verification, etc)
3. Copy of birth certificate
4. Copy of Social Security card

I understand that as Head of Household I am responsible for insuring that the information is complete and accurate for all household members. I declare under penalty of perjury that the foregoing is true and correct. I understand submission of my request and the required documentation does not guarantee Housing Authority approval.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date



# HOUSING AUTHORITY OF THE COUNTY OF SAN MATEO (HACSM)

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

**Consent:** I consent to allow HACSM to request and obtain income, expense, and other information from the sources listed on this form for the sole purpose of verifying my eligibility and level of benefits under the U.S. Department of Housing and Urban Development’s (HUD) assisted housing programs. I understand I must be given an opportunity to contest any adverse determinations based on the information obtained.

- |                              |                                |                                     |
|------------------------------|--------------------------------|-------------------------------------|
| • TANF/GA/Food Stamps        | • Spousal/Child/Family Support | • Disability/Worker’s Comp. Benefit |
| • Foster Care/Adoption Grant | • In-Kind Contribution/Gifts   | • Child Care Expense                |
| • Pension/Retirement         | • Medical Expense              | • Credit History                    |
| • School Grant               | • Student Status               | • Rental History                    |
| • Other: _____               |                                |                                     |

## HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS) RELEASE

**Consent:** I consent to allow HACSM to enter, obtain and request information to San Mateo County’s Homeless Management Information System (HMIS). I understand HMIS is the information system designated by the Continuum of Care to comply with HUD’s data collection, management, and reporting standards and used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. HUD and other planners and policymakers at the federal, state and local levels may also use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

## CRIMINAL BACKGROUND AND ARREST INFORMATION RELEASE

HACSM requires criminal background and arrest checks for all household members 18 years or older. Your eligibility will not be certified until information regarding criminal background and arrest is received and you are determined to be clear. Your eligibility may be denied and any Voucher, Certificate, or other forms of rental assistance issued to you will be null and void if you, or any household members have been arrested for violent criminal activity; for other criminal activity which threatens the health, safety, or the right to peaceful enjoyment of the premises by other residents; for drug-related activity; for alcohol-related offenses that may adversely affect the health, safety, or the right to peaceful enjoyment of the premises by other residents.

**Consent:** I consent to allow HACSM to request and obtain any criminal background or arrest information about me that is pertinent to eligibility for, or participation in, HUD’s assisted housing programs. I understand I must be given an opportunity to contest any adverse determinations based on negative criminal background and arrest information.

I agree and understand that a photocopy of this release may be used for the purposes stated above.

I agree and understand that this authorization will remain in effect for 27 months from the date signed.

	Print Name	SSN	Birth Date	Signature	Date
<b>Head of House</b>					
Adult Member					
Other Adult Member					
Other Adult Member					
Other Adult Member					
Other Adult Member					