

## **Request to Add a Family Member**

5N:	Phone:		
ddress:			
[Street Name and Number]	[City]	[State]	[Zip]
	eceive a written response regarding the a		-
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	Date of Birth:		
elationship to You:			
elationship to You:	Date of Birth: What Income Does This Person Hav		

## **Documents Needed**

□ Birth Certificate □ Social Security Card □ Picture ID (18 and over)

□ Information Release Form (HUD 9886) Declaration 214 Form

D Members 18 and Over Must Sign the Release Form and Declaration 214 Form

A background check will be conducted on anyone 18 and over to verify that they have no criminal history before request will be considered.

Signature

Date

Warning: Title 18, Section 1001 of the United States Code, states that a person who knowingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.