



HOUSING AUTHORITY OF THE COUNTY OF KERN

601 24<sup>th</sup> Street Bakersfield California 93301 (661) 631-8500



REQUEST TO ADD-ON A FAMILY MEMBER(S)

(To be used by a family that is currently housed and being assisted under the Section 8 Voucher / Low Income Public Housing Program).

Date of Request: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_ (Print)

Head of Household Social Security Number : \_\_\_\_\_

Current Address: \_\_\_\_\_ (Street) (Apt. #) \_\_\_\_\_ (City) (Zip)

Phone Number(s): \_\_\_\_\_ / \_\_\_\_\_ (Home) (Message/Work)

I request to add the following person(s) to my household:

Form for adding a family member with fields for (Print Name), (D.O.B.), (Social Security No.), (Address), Spouse, Son, Daughter, Other, Explain.

Form for adding a family member with fields for (Print Name), (D.O.B.), (Social Security No.), (Address), Spouse, Son, Daughter, Other, Explain.

Form for adding a family member with fields for (Print Name), (D.O.B.), (Social Security No.), (Address), Spouse, Son, Daughter, Other, Explain.

I certify that the above information provided to add on a family member is true and correct. I do understand that the bedroom size will be based on the Housing Authority Occupancy Standards established in accordance with the State and Local Uniformed Housing Codes.

HEAD OF HOUSEHOLD SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE USE ONLY

Form for office use with fields for Specialist/Mgr., Current # in Family, Date, Current BR Size, C/W Comments.

Form for office use with fields for Specialist, Date, Approved, Denied.