

HOUSING AUTHORITY OF THE COUNTY OF KERN

Request to Add-On A Family Member(s)

This form is to be used by a family that is currently housed and being assisted under the Housing Choice Voucher/Low Income Public Housing Program.

Date of Request: _____

Head of Household Name: _____
(Print)

Head of Household's Social Security Number: _____

Current Address: _____
(Street) (Apt. #)

(City) (Zip)

Phone Number and Email: _____ / _____ @ _____

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

_____ (Print Name) (D.O.B) (Social Security No.) _____ (Address)	Spouse _____ Son _____ Daughter _____ Other _____ Explain _____
_____ (Print Name) (D.O.B) (Social Security No.) _____ (Address)	Spouse _____ Son _____ Daughter _____ Other _____ Explain _____
_____ (Print Name) (D.O.B) (Social Security No.) _____ (Address)	Spouse _____ Son _____ Daughter _____ Other _____ Explain _____

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

 Head of Household Signature

 Date

Office Use Only

Current # In Family _____ Current Bedroom Size _____ Comments: _____ _____	Specialist/Manager _____ Date _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied
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