

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.

Please print all information

Date of Request _____			Head of Household's Name _____		Last 4 digits of SSN _____	
Current Address _____		City _____	State _____	Zip _____		
Phone Number _____			Email Address _____			

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

_____ Print Name	Spouse <input type="checkbox"/> Son <input type="checkbox"/>
_____ Date of Birth	_____ Social Security Number
_____ Address	Daughter <input type="checkbox"/> Other <input type="checkbox"/>
Explain _____	
_____ Print Name	Spouse <input type="checkbox"/> Son <input type="checkbox"/>
_____ Date of Birth	_____ Social Security Number
_____ Address	Daughter <input type="checkbox"/> Other <input type="checkbox"/>
Explain _____	
_____ Print Name	Spouse <input type="checkbox"/> Son <input type="checkbox"/>
_____ Date of Birth	_____ Social Security Number
_____ Address	Daughter <input type="checkbox"/> Other <input type="checkbox"/>
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's Signature

Date

OFFICE USE ONLY	
Current # in Family _____ Current Bedroom Size _____ Comments: _____ _____	Housing Specialist/Manager Name: _____ Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied

