

Request for Addition of Adult to Family and Verification of Suitability

Name of Housing Choice Voucher Participant: _____ Date: _____

Address: _____

In order for the Seattle Housing Authority's (SHA's) Housing Choice Voucher (HCV) Program to make a determination regarding your request to have an adult added to your household, it is necessary that information be provided to SHA indicating the reason for this request. To that end, it is requested that you write a letter to SHA describing the reason or reasons for your request. It is also necessary for your landlord to send SHA written approval of the prospective addition.

Additionally, the Housing Authority, in accordance with its policies and procedures, has the right to perform a criminal background check to make a determination on the suitability of the person you are requesting to be added to your household.

Please have the individual you are requesting to add to your household submit a copy of their Social Security card, picture ID, complete the following and sign below. Also, please have your landlord sign and date below to signify approval of the prospective addition. Upon SHA's receipt and verification of all requested documentation, you will receive a letter either approving or denying your request.

Suitability Criteria – to be filled out by the proposed addition to the household

I, _____, (the proposed addition to household indicated below) do hereby authorize the release of information to the Seattle Housing Authority, as requested below, for the purpose of verifying my suitability to live in an SHA HCV-subsidized unit.

Name of Proposed Addition to Household	Date of Birth	Social Security Number
Current Address	Phone	Message Phone

Have you ever been convicted of a felony? ___Yes ___No
If yes, please explain: _____

Do you currently owe any money to a Public Housing Authority? ___Yes ___No
If yes, please explain: _____

I certify the above is true and correct to the best of my knowledge under penalty of perjury, and I understand that falsification of information could cancel my suitability to reside in a SHA HCV-subsidized unit.

Proposed Addition Signature _____ Date _____

I agree to the addition of the above-named person to the current lease I have with the above-named HCV participant.

Landlord Name (Print) _____ Phone _____

Landlord Signature _____ Date _____

SHA Office Use Only			
Background Check Complete	YES	NO	
Staff Recommendation/Initials	YES	NO	
		Supervisor Approval	YES NO