

Cert. Spec. initials/date

Seattle Housing use

Address PO Box 19028

190 Queen Anne Ave N

Seattle, WA 98109-1028

Telephone 206-239-1728 **FAX** 206-239-1770

TDD 1–800–833-6388 **Website** www.seattlehousing.org

Request to Add a Household Member

Anyone you list as a household member must use the subsidized unit as their primary residence (at least 51% of the time). All adults must have an acceptable criminal background, cannot owe any housing authority money, and, if s/he previously participated in a federally-subsidized housing program, must have acceptable compliance history. All adult additions must be approved in writing by your landlord and by Seattle Housing before the additional person can move in.

Head of household	Last 4 digits of SSN
Addition's name	Last 4 digits of SSN
Step 1: Landlord Permission (for adult additions only)	
I agree to the addition of this person to the current lease I have with the above-named Voucher-holder.	
Landlord name	Phone number
Landlord signature	Date
Step 2: Requested Addition's Information	
Relation to head of household	Date of birth
Are you disabled? ☐ Yes ☐ No Race/ethnicity	☐ Hispanic ☐ Not Hispanic
List all income received and attach 60 days' worth of verification	
Type Source	Monthly amount \$
	Monthly amount \$
List all assets held or owned and attach 60 days' worth of verification (for example, bank or account statements):	
Type Financial institution	Current value \$
Type Financial institution	Current value \$
Are you a student? 🗖 Yes 📮 No If yes, attach verification of enrollment status, tuition, and financial aid.	
Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please explain:	
Step 3: Required Attachments	
For all additions: Legal ID (such as driver's license for adults or birth certificate for minors) Original Social Security number verification Declaration of Citizenship or Immigration Status Non-citizens: Original Homeland Security I-551 or annotated I-94 Income, asset, and student (if applicable) verification	
I certify the above information is true and the additional household acknowledge that falsifying or manipulating information may r	old member will reside in the subsidized unit at least 51% of the time. esult in denial or termination from the Voucher program.
Head of household's signature	Date
Addition's signature (if an adult)	Date
Recommend □ Yes □ No	Background check ☐ Yes ☐ No Approval ☐ Yes ☐ No

Supervisor initials /date_