

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	e 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 (for ex	xample, paystubs or letter):	
Type Source	Monthly amount _ \$	_
	Monthly amount \$	_
List all assets held or owned and attach 60 days' worth of verification (for		
Type Financial institution	Current value \$	_
Type Financial institution	Current value \$	_
Are you a student? Yes No If yes, attach verification of er	nrollment status, tuition, and financial aid.	
Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, pl	lease explain:	_
Step 3: Required Attachments		
For all additions: Legal ID (such as driver's license for adults or birth certificate Original Social Security number verification Declaration of Citizenship or Immigration Status Non-citizens: Original Homeland Security I-551 or annotated Income, asset, and student (if applicable) verification	☐ Debts Owed and Terminations (5267	
I certify the above information is true and the additional household me I acknowledge that falsifying or manipulating information may result in		ıe.
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