

(date / time stamp H.M.)	(For CHA use Only)			Initials	(date / time stamp R.S.)
	Application Complete	Yes	No	_____	
	Credit Approved	Yes	No N/A	_____	
	CHSB Approved	Yes	No N/A	_____	
	Section 214 Complete	Yes	No N/A	_____	
	Approval / Denial letter sent	Yes	No	_____	

**Chelsea Housing Authority
54 Locke Street
Chelsea, Massachusetts 02150**

617-884-5617

FAX 617-884-6552

TTD: 617-889-1413

**APPLICATION BY TENANT TO ADD MEMBER TO HOUSEHOLD RESIDING IN
FEDERAL-AIDED PUBLIC HOUSING**

Incomplete applications will not be processed. **Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page**

This is an application to add a member to your household. If the application is granted, the individual will become a member of the household authorized to reside in the unit under your lease. If the application is rejected, the individual will be permitted to stay with you only as a guest. The occupancy of any guest is limited to a total of three weeks per year. You are responsible for the conduct of your household members and guests while they are on Chelsea Housing Authority property.

(PLEASE PRINT)

- Name of Tenant: _____
- Current Address: _____ Apt. No. _____
- Home Telephone:(_____)_____ Work Telephone:(_____)_____

INFORMATION REGARDING PROPOSED HOUSEHOLD MEMBER

- Name: _____
- Current Address: _____

- Telephone: (_____)_____ - _____
- Date of Birth:* _____ / _____ / _____
- Sex:* Male Female
- Social Security Number:* _____ - _____ - _____

EQUAL HOUSING OPPORTUNITY

Name of Housing Agency: _____

Date of Move Out: _____

Reason moved out: _____

(b.) Did the person move out while in compliance with the lease?(circle one) YES NO

If no, please explain: _____

APPLICANT'S CERTIFICATION

We, the undersigned tenant and proposed household member, authorize the Housing Authority to make inquiries to verify the information that we have provided in this application. We certify that the information that we have given in this application is true and correct. We understand that any false statement or misrepresentation will result in rejection of this application. It is understood that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for the proposed household member who is 17 years of age or older

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Tenant's Signature _____ Date: ____ / ____ / 2020__

Proposed Household Member's Signature _____ Date: ____ / ____ / 2020__

<p>For all developments attach</p> <ol style="list-style-type: none"> Social Security Card; _____ Birth Certificate; _____ Income verification; _____ N/A Asset verification; _____ N/A CHSB / Credit Release; _____ N/A General Release; _____ N/A Rental verification. _____ N/A 	<p>For Margolis, Mace and Scriviano attach</p> <ol style="list-style-type: none"> Section 214 Statement; _____ Any necessary INS documentation; _____ N/A Verification Authorization. _____ N/A
	<p>Resident Selection: Approved Denied _____</p> <p>Housing Management: Approved Denied _____</p>

EQUAL HOUSING OPPORTUNITY