

CHELSEA HOUSING AUTHORITY

APPLICATION TO ADD A MEMBER

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 not be allowed to reside in your unit.

(PLEASE PRINT)

Name of Participant: _____

Current Address: _____ Apt. No. _____

Home Telephone #: _____ Cell phone #: _____

Email: _____

INFORMATION REGARDING PROPOSED HOUSEHOLD MEMBER

Name: _____

Current Address: _____

Home Number #: _____ Cell phone #: _____

Date of Birth: _____ Sex: Male: _____ Female: _____

Social Security Number: _____ Relationship to Participant: _____



INCOME BEFORE DEDUCTIONS: Estimate the gross annual income anticipated for the next 12 months for **ALL** Household Members and proposed household members.

Household Member Name		Source of Income	Gross income for the next 12 Months
	Salaries, Wages, Including Overtime/Tips (please list name & address of employer)		\$
	Net Income From Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions and Annuities		\$
	Regular Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and/or SSI		\$
	T. A. F. D. C. Or Public Assistance		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

TOTAL GROSS INCOME \$ _____

EXPENSES:

Expense for Care of Children If necessary, for employment	
Un-reimbursed Medical Expenses	
Health Insurance	
Other	

TOTAL EXPENSES \$ _____



ASSETS: Please list below assets for all the household members and proposed household members. Include all bank accounts, stocks bonds, trust agreements, real estate, etc. **DON'T** include clothing, furniture or cars.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
		\$		
		\$		
		\$		
		\$		

Have you sold, transferred or given away any real estate property or assets in the last three (3) years?
 (Circle one) YES NO

If YES: Date of Sale/Transfer: Month _____ Day _____ Year _____
 Amount of the sale/transfer: _____
 Value of the sale/transfer: _____

**This information will be used to verify income, assets, and criminal record information*

IF THE PERSON TO BE ADDED IS UNDER 17 YEARS OLD, AND NOT AN EMANCIPATED MINOR STOP HERE. PLEASE SIGN AND DATE APPLICATION. FOR PERSONS AGE 17 OR OLDER AND WHO ARE EMANCIPATED MINORS, CONTINUE BELOW.

CRIMINAL RECORD: Pursuant to 803 CMR 5.05(1) the Housing Authority will obtain Criminal Record Information for all proposed household members.

Has the person that you want to add to the household been convicted of a crime? Yes ___ No ___

If yes, please explain: _____

Is this person a lifetime registered sex offender? Yes ___ No ___

If yes, please explain: _____



List the proposed household members addresses for the last five years in reverse order:

(1) Address: _____ Apt. No. _____ 200 _____ to present
City/Town _____ State _____
Name of Landlord: _____ Telephone: _____
Landlord's Address: _____

(2) Address: _____ Apt. No. _____ Years: _____
City/Town _____ State _____
Name of Landlord: _____ Telephone: _____
Landlord's Address: _____

(3) Address: _____ Apt. No. _____ Years: _____
City/Town _____ State _____
Name of Landlord: _____ Telephone: _____
Landlord's Address: _____

Has the proposed household member ever received housing assistance from this or any other housing agency? YES _____ NO _____

If yes name of the Housing Agency: _____

Move out date: _____

Reason they moved out _____

Did the person move out while in compliance with the lease? YES _____ NO _____

If no, please explain: _____



PARTICIPANT'S CERTIFICATION

I understand that every family member must provide documentation of a valid social Security Number (SSN) or a certification stating that no SSN has been issued. I understand that all adult household members will be required to sign a Declaration of U.S. Citizenship form and adults responsible for minor children under the age of 18 will also sign a Declaration of U.S. Citizenship form. The Housing Authority will verify that those not claiming U.S. citizenship are eligible non-citizens.

We, the undersigned participant and proposed household member, authorize the Chelsea Housing Authority to make any inquiries to verify the information that we have provided on this application. We certify that the information that we have provided is true and correct. We understand that any false statement or misrepresentation will result in rejection of this application. It is also understood that the Housing Authority will request a Criminal Offender Record Information from the Criminal History Systems Board for the proposed adult household member. We will also perform a credit checks and 3rd party verification of all income and assets reported for all members of the household. I understand each adult family member is required by HUD to sign an Authorization for the Release of Information/Privacy Act Notice (HUD form 9886).

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Participant's Signature _____ Date _____

Proposed Household Member's Signature _____ Date _____

