



STATE OF HAWAII
HAWAII PUBLIC HOUSING AUTHORITY
1002 NORTH SCHOOL STREET
POST OFFICE BOX 17907
HONOLULU, HAWAII 96817

BARBARA E. ARASHIRO
EXECUTIVE ASSISTANT

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 Hawaii Public Housing Authority before the additional person can move in.

Head of household _____	Last 4 digits of SSN _____
Address _____	Phone number _____
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 _____ Male Female

Are you disabled? Yes No Race/ethnicity _____ Hispanic Not Hispanic

List all income received and attach 60 days' worth of verification (for example, paystubs or letter):

Type _____	Source _____	Monthly amount \$ _____
Type _____	Source _____	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:	Additional forms for adult additions:
<input type="checkbox"/> Legal ID (such as driver's license for adults or birth certificate for minors)	<input type="checkbox"/> Hawaii Public Housing Authority Release of Information
<input type="checkbox"/> Original Social Security number verification	<input type="checkbox"/> Debts Owed and Terminations (52675)
<input type="checkbox"/> Declaration of Citizenship or Immigration Status 214	<input type="checkbox"/> RHIIP form
<input type="checkbox"/> Non-citizens: Original Homeland Security I-551 or annotated I-94	
<input type="checkbox"/> Income, asset, and student (if applicable) verification	

I (HOH print name) _____ certify the above information is true and the additional household member will reside in the subsidized unit at least 51% of the time. I acknowledge that falsifying or manipulating information may result in denial or termination from the Housing Choice Voucher Section 8 program.

I/We authorize the Hawaii Public Housing Authority to obtain and verify information about the income, assets, income tax data, personal data and conduct, including a full credit report. Sources of such information may include but not be limited to employers, financial institutions, social workers, welfare workers, landlords, resident managers, housing managers, parole officers, court and criminal records, drug treatment centers, clinics, physician(s) or police departments.

Head of household's signature _____	Date _____
Addition's signature (if an adult) _____	Date _____

Hawaii Public Housing Authority Use Only	Recommended <input type="checkbox"/> Yes <input type="checkbox"/> No PHS initials/date _____	Background check <input type="checkbox"/> Yes <input type="checkbox"/> No Supervisor or designee initials/date _____	Approval <input type="checkbox"/> Yes <input type="checkbox"/> No