



Request to Add/Remove Household Members

PART I: TO BE COMPLETED BY FAMILY

Name of Head of Household _____ SS number XXX-XX-_____

Home Phone _____ Cell Phone _____

I request to request to Add Remove (check one) the following family member

Family Member Name: _____

Family Member last 4 digits of SSN# XXX-XX-_____

Relationship to Head of Household _____

Check here if the new household member is a person with a disability

- I/We agree to provide any documentation necessary to add/remove the above family member.
- I/We also understand that our landlord must agree and be notified of this change.
- I/We understand that eligibility of the individual requesting to be added depends on the results of a criminal background check conducted through the Colorado Bureau of Investigation as well as meeting the criteria for adding a household member as detailed the SMHO Section 8 Administrative Plan.
- I/We authorize South Metro Housing Options (SMHO) to conduct a CBI check on all adult members of my household.
- I/We certify that the information provided is true and correct.

Signature of Head of Household: _____ Date: _____

Signature of new/removed adult Family Member _____ Date: _____

Signature of Landlord: _____ Date: _____

<p>If requesting to <u>ADD</u> a household member, please complete <u>PART II</u> and provide the following documentation for the individual requesting to be added:</p> <ul style="list-style-type: none"> • Photo ID (if individual is 18 years or older), SS card, State issued Birth Certificate (ask your Housing Specialist for alternatives if you are unable to provide a Birth Certificate) • Verification of all income and assets 	<p>If requesting to <u>REMOVE</u> a household member, please provide the following documentation for the individual requesting to be removed:</p> <ul style="list-style-type: none"> • A copy of a lease showing the new residence <p>OR</p> <ul style="list-style-type: none"> • A notarized statement from the person being removed stating he/she is no longer in the household and his/her new address
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TURN OVER TO COMPLETE PART II 



If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact SMHO.

PART II: TO BE COMPLETED BY FAMILY

Please list all sources of **income** for the individual requesting to be added:

SOURCE (Employer, SS, SSI, Unemployment, Child Support, Etc.)	Address	Start Date	Monthly / Weekly Income (circle one)

Please list all **assets** including but not limited to any savings or checking accounts belonging to the individual requesting to be added:

NAME	Type of Asset (checking, savings, etc)	Current Balance	Income over the last 12 months

PART III: AGENCY USE

Request to add/remove a family member is: Approved Denied

Reason for Denial:

No Increase/Decrease is required per the SMHO subsidy policy

Increase/Decrease of voucher size is approved.

New voucher size is: _____ effective at next annual or move (whichever comes first)

Agency Staff Signature: _____ Date: _____



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