



501 Tenth Street – Moundsville, WV 26041  
 Phone (304) 845-3141 – Fax (304) 845-3147

## ADDITION OF FAMILY MEMBER

Name of Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- The family must inform MHA of the birth, adoption, or court-awarded custody of a child within 10 days of the occurrence.
- Other than birth, adoption, or court-awarded custody of a child, requests to add an individual must be approved by MHA prior to the individual moving into the unit.
- All applicable forms as well as documentation must be submitted when adding an adult individual to the lease.

Check the applicable box to indicate the reason for the addition to the household and provide the requested information.

- Birth
- Adoption: Effective Date: \_\_\_\_\_
- Court Awarded Custody: Effective Date: \_\_\_\_\_
- Marriage: Effective Date: \_\_\_\_\_
- Other: \_\_\_\_\_

Complete the sections below for new household member(s). Attach copies of the birth certificate, Social Security card, and photo ID (adults only). Attach (if applicable), Alien Registration card, adoption and/or court papers, and income/asset and documentation for new household member(s).

	Legal Name	Relationship To Head of Household	Date of Birth	Gender (M/F)	Social Security Number
1					
2					

**INCOME:** Income Sources include money from wages, self-employment, unemployment, alimony, child support, and regular contributions or gifts received from persons not residing in the dwelling, TANF, Social Security, SSI, retirement, Pensions, Disability, Workman’s Comp, Military pay, Veteran Benefits, Rental Property Income, and all other sources.

List **all** income earned or received by the new household member(s).

Household Member Name	Income Source	Name & Address of Income Source	Gross Amount	Frequency
			\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly
			\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly
			\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly



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**ASSETS:** Assets include Checking, Savings, 401k, IRA, CD, Money Market, Stocks, Bonds, Retirement Accounts, Personal Property held as an investment, and all other assets. Does the new household member have any assets?  Yes  No

List **all** Assets held by new household member(s).

Household Member Name	Type of Asset	Name & Address of Financial Institution	Cash Value/Balance	Interest Rate
			\$	%
			\$	%
			\$	%

If the head of household and/or spouse is elderly or disabled, please provide documentation for unreimbursed medical, disability assistance and/or child care expenses, if applicable.

I certify that the information given to the MHA on the new household member(s) information, including income and assets is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal state laws and are grounds for termination or housing assistance and termination of tenancy.

**Signatures Required:**

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Warning: Title 18, Section 1001 of the U.S. Code provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.