



REQUEST TO ADD OR REMOVE FAMILY MEMBERS

NEW FAMILY MEMBERS MUST BE APPROVED BEFORE OCCUPYING THE ASSISTED UNIT

PART I: TO BE COMPLETED BY THE FAMILY

Head of Household (print): _____ Last 4 of SSN: _____

Street Address: _____ City: _____ State: _____ Zip: _____

I request to add remove (check one) the following family member:

Family Member Name (print): _____

Family Member SSN: _____ Family Member Date of Birth: _____

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 the landlord must agree and be notified of this change. I/we understand that eligibility for the Housing Choice Voucher Program depends on the results of a criminal background check conducted through the Colorado Bureau of Investigation. I/we authorize Metro West Housing Solutions (MWHS) 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 member: _____ Date: _____

Signature of Landlord: _____ Date: _____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL, FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

PART II: TO BE COMPLETED BY THE PHA

Request to add/remove family member is: approved denied

Reason for Denial: _____

No increase/decrease is required per MWHS policy

Increase/decrease of voucher size is approved. New voucher size is: _____ effective: _____

