BERKS COUNTY HOUSING AUTHORITY
REQUEST FOR ADDITION TO HOUSEHOLD

Complete this form to request to add somebody to your household. All questions must be answered in full. You and the person you wish to add (if an adult) will be required to attend an appointment at the BCHA. We will notify you of the date and time. **The proposed household member may NOT move into your unit without the written permission of the Berks County Housing Authority.**

YOUR Name (Head of Household):_____
Address:_____
City/State/Zip:_____ Date of Request:_____
Program: ☐ Public Housing ☐ Housing Choice Voucher (Section 8)

Reason for Addition: ☐ Birth ☐ Adoption ☐ Custody ☐ Marriage
☐ Other (specify: _____)

PROPOSED ADDITION TO HOUSEHOLD:
Full Legal Name:_____
Current Address:_____
Date of Birth:_____ Relationship to Head of Household:_____
Phone Number:_____ Social Security Number:_____

Has the proposed addition to household ever been convicted of any crime? ☐ Yes ☐ No
If so, please provide details and date(s):_____
_____

Has the proposed addition to household ever been evicted? ☐ Yes ☐ No
If so, please provide details and date(s):_____
_____

Has the proposed addition to household ever lived in public housing or received assistance under the Housing Choice Voucher/Section 8 program? ☐ Yes ☐ No
If so, please provide details and date(s):_____
_____

I understand that both myself and the person I wish to add will be required to attend an appointment to determine eligibility to be added to my household. I understand that the household member may not move into my unit without the written permission of the Berks County Housing Authority. If I am a participant in the Housing Choice Voucher Program, I understand that my landlord's permission is also required to add this person to my household.

Signature of Head of Household_____ Date_____