



Growing Communities One Family At A Time
For More Than 70 Years

Housing Choice Voucher Program

200 Washington Street
Huntsville, AL 35801
Mail: P.O. Box 486
Huntsville, AL 35804

TEL: 256.539.0774 FAX: 256.539.5982 TTY: 800.545.1833, Ext 903

REQUEST TO ADD A MINOR

Program Requirements:

- Notify Huntsville Housing Authority within 10 business days of the birth, legal adoption, court- awarded custody or legal guardianship of a child.
- Request Huntsville Housing Authority approval to add foster children to the household.

Instructions:

- Please return this form with the documents listed below.
- All adults in the household are required to sign and date all forms.

Head of Household Name:

Last 4 digits of SSN:

Address:

Phone #:

Email:

Child Name:

Date of Birth:

Reason for Addition: Birth Adoption Custody/Guardianship Foster Placement

Do you have: Full Custody Shared Custody
If you share custody, is the child in your home more than 50% of the time? Yes No

Race: White Black/African American Asian Native American Other

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino Gender: Female Male

U.S. Citizens: Yes No Does the child have a disability? Yes No

Child's Income: TANF Child Support SSI/SS Foster Care/Adoption Payments
Other (please specify):
No income

Please attach the following items when returning this form to Huntsville Housing Authority:

- Copy of birth record/birth certificate
- Copy of social security card **or** verification of name and SSN by Social Security Administration, **or** document issued by a federal, state, **or** local government agency with name and full SSN.
- Verification of income associated with child
- Documentation of adoption/foster care, if applicable
- Documentation of custody/guardianship, if applicable
- Certification of Citizenship Status form

PARTICIPANT CERTIFICATION

I/we do hereby swear and attest that all the information reported on this form about the household and me is true and complete. I/we understand that Huntsville Housing Authority is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information, or failure to disclose information requested, may be grounds for termination of assistance and is punishable under Federal law.

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Signature of Head of Household

Date

Signature of Spouse/Co-head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date