



INTERIM REQUEST FORM: ADDITION/REMOVAL OF A FAMILY MEMBER

Date of Request: _____ Head of Household: _____ Client #: _____

Current Address: _____ Apt. No.: _____ Home/Message #: _____

Email Address: _____ Cell Phone #: _____

Failure to submit the required documentation may result in the denial of your request.

Please allow 20 business days for a resolution to your request.

My family size has DECREASED. I am requesting to remove someone from my household:

(Check the appropriate box, provide name(s), AND provide required documents listed below)

- If family member has moved out of the unit: Lease, Utility Bill, or ID – must show their name & their new address
- If family member is deceased: copy of death certificate / obituary

Names of all individuals to be removed: _____

My family size has INCREASED. I am requesting to add a:

(Check the appropriate box AND provide required documents listed below)

Child by birth, adoption or court awarded custody. Provide the following verification:

NOTE: In the case of a minor, OHA will **only** approve the minor with court awarded guardianship, custody, or placement by a social service agency.

- Birth Certificate, Social Security Card and Section 214 Form (signed by the adult in your unit who is responsible for the child)
- Verification of Adoption or Court Awarded Custody (if applicable)
- Verification of Income / Services for the child (Ex: TANF, Adoption Assistance, Support Payments, Food Stamps, Medi-Cal)

Foster child or Foster adult. Provide the following verification:

- Birth Certificate and Social Security Card.
- Verification of residence in the home (School enrollment or statement from social service or child welfare professional verifying child's residence)
- Verification of Income / Services for the child (Ex: TANF, KinGap / Foster Care Payments, other Support Payments, Food Stamps, Medi-Cal)
- Letter of approval from Landlord: Must be signed, dated, and state that individual has approval to reside in the unit.
- Letter from Social Services estimating expected length of placement in home

Spouse/Co-Head. Provide the following verification:

- Birth Certificate, Social Security Card, Identification Card, and Section 214 Form (signed by the adult to be added)
- Completed Criminal History Form. Adult to be added must come into OHA office in order to sign. Signature must be witnessed by OHA employee.
- Letter of approval from Landlord: Must be signed, dated, and state that individual has approval to reside in the unit.
- Income / Asset Form with supporting documents – verification of all income & assets
- If spouse: Copy of Marriage Certificate
- If Co-Head: Statement from the Head of Household electing the individual to be added as a Co-Head. This statement must indicate the relationship of the person to be added to the head of household.

Other adult. Provide the following verification:

NOTE: An adult who would increase the voucher size can only be a person with a disability or an elderly adult.

- Birth Certificate, Social Security Card, Identification Card, and Section 214 Form (signed by the adult to be added)
- Completed Criminal History Form. Adult to be added must come into OHA office in order to sign. Signature must be witnessed by OHA employee.
- Letter of approval from Landlord: Must be signed, dated, and state that individual has approval to reside in the unit.
- Income / Asset Form with supporting documents – verification of all income & assets
- If a person with a disability: Verification of Disability Payments (ex. SSI, other disability payments) or letter from a knowledgeable professional that the individual being added meets HUD's definition of disability
- If elderly: Letter and/or supporting documentation explaining changes in the individual's current living situation

The Housing Authority will make reasonable efforts to accommodate persons with disabilities. If you need assistance completing this form please contact Customer Service at (510) 587-2100.

WARNING: Section 1001 of Title 18 of the U. S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements to any department or agency of the United States. I certify that I have supplied accurate and complete information. I understand that reporting false information is fraud and may result in denial or termination of rental housing assistance.

I understand as the Head of Household I am responsible for insuring the information is complete and accurate for all household members. I declare under penalty of perjury that all provided information and/or documents are valid.

Head of Household Signature

Date