



ASHEVILLE HOUSING AUTHORITY

Housing Choice Voucher Program
165 South French Broad Avenue
Asheville, NC 28801

Business Hours: 9 a.m. – 5 p.m. Monday – Thursday

REQUEST FOR ADDITION TO HOUSEHOLD

I hereby request that the person listed below be permitted to reside in my assisted housing unit and be added to my lease. I fully understand that no one is permitted to reside in my assisted housing unit without the written approval of the Housing Authority and the approval of my landlord.

Head of Household Name: _____ Date of Request: _____

Head of Household Signature: _____ Date: _____

The remainder of this form must be completed by the proposed addition to the household. All questions must be answered in full. In addition to providing the information below, the proposed addition to household will be required to attend an appointment at the Housing Authority. Notice will be provided of the date of time of appointment.

Full Legal Name (first, middle, last): _____

Date of Birth: _____ Social Security Number (SSN): _____

Have you ever used a SSN other than the one listed above? Yes No

Current Address: _____ No of Yrs at Current Address: _____

Phone Number: _____ Email: _____

Current Landlord: _____ Phone Number: _____

Prior Address: _____

Prior Landlord: _____ Phone Number: _____

Have you ever been arrested for any crime? Yes No

If yes, for what crime: _____ Where: _____

If you have been arrested more than once, explain when, where, and for what crime: _____

Have you ever been evicted? Yes No

If yes, when: _____ Reason: _____

Have you ever lived in public housing or received HUD housing assistance? Yes No

If yes, when: _____ City/State: _____

List any other states in which you have lived: _____

Did you file a Federal Income Tax return last year? Yes No

If yes, type of income reported: _____ Total income reported: \$ _____