



**REQUEST TO ADD OR REMOVE FAMILY MEMBERS**

**New family members must be approved before occupying the assisted unit.**

**PART I: TO BE COMPLETED BY FAMILY**

Head of Household (print): \_\_\_\_\_ Last 4 of SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

**I request to  Add  Remove (*check one*) the following family member:**

Family Member Name: \_\_\_\_\_

Family Member SSN#: \_\_\_\_\_ 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 our 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 the Division of Housing (DOH) 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 Family 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: AGENCY USE**

**Request to add/remove a family member is:** Approved  Denied

Reason for Denial: \_\_\_\_\_

No increase/Decrease is required per the DOH subsidy policy

Increase/Decrease of voucher size is approved. New voucher size is: \_\_\_\_\_ effective: \_\_\_\_\_

Agency Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

