

REQUEST FOR ADDITION TO HOUSEHOLD

INSTRUCTIONS: The Fairfield Metropolitan Housing Authority **MUST** approve any additional member to your household. Please contact your case manager prior to adding.

Head of Household: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (daytime) _____ (evening) _____

I would like to request approval for the following person/s to move into my household:

Name of Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (daytime) _____ How long at this address? _____

Relation: _____ Date will move in? _____ SS#: _____

Source and amount of all income received by this person: _____

Signature

Date

Signature

Date