

**APPLICATION FOR APPROVAL  
TO ADD NEW FAMILY MEMBER/LIVE-IN-AIDE TO HOUSEHOLD  
Housing Choice Voucher Program**

*(Note: A separate application must be completed for each person you wish to add to the household.)*

Head of Household Name: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name and Social Security # of family member you want to add to household:

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relation to Head of Household: \_\_\_\_\_

Has this person been ever been convicted of manufacturing methamphetamine and/or do they have to register as a sex offender?

Yes

No

If you answered yes to the question above, please explain in which city and state it occurred, the date it occurred, and what the specific charges were:

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Has this individual **ever** lived in Public Housing, been on the Voucher program, or any other subsidized program? Yes  No

If yes, where did they live; and in what year(s) did they receive assistance?

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Continue on other side⇒

How long do you anticipate this individual to be part of your household?

Please explain:

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Why do you want to add this individual to your household?

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Where is this individual now living?

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**All applicants are subject to background checks including criminal background checks. By signing this form, you give Salem Housing Authority permission to run a background check including criminal background check.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of individual to be added

\_\_\_\_\_  
Date

**NOTE: Please submit attached form "Permission to Add Additional Family Members(s) completed by Landlord**

**For Housing Authority Use Only**

Landlord Approval Returned       yes     no                      Sex Offender Status Checked     yes     no

Wintrack Checked                       yes     no                      EIV/Former/Existing tenant       yes     no

LED's Checked                               yes     no                      OJIN checked                               yes     no

Housing Assistance Representative/Occupancy Coordinator recommendation:

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Approved:              Yes                      No

Signed: \_\_\_\_\_

## Permission to Add Additional Family Member(s)

Name of Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Tenant: \_\_\_\_\_

Address \_\_\_\_\_

Name of individual(s) permitted **to be added** to the landlord/tenant lease for the above address:

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

As the owner/agent of the above listed property, I give my permission to add the listed individual(s) to the lease I have with the above-named family.

**To the best of my knowledge, the new applicant(s) moved into the unit on \_\_\_\_\_**

***The landlord and family understand that the above-named individuals must have permission from the Housing Authority of the City of Salem to be added to the family's Housing Choice Voucher and to reside in the listed address.***

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Date