



Address 1630 Moores St
Telephone Leeds, AL 35094
 205-699-6223
FAX 205-699-2208
Website www.leadsha.org

Request to Add a Household Member

Anyone you list as a household member must use the subsidized unit as their primary residence (at least 51% of the time). All adults must have an acceptable criminal background, cannot owe any housing authority money, and, if s/he previously participated in a federally-subsidized housing program, must have acceptable compliance history. All adult additions must be approved in writing by your landlord and by Leeds Housing before the additional person can move in.

Head of household _____ Last 4 digits of SSN _____
 Addition's name _____ Last 4 digits of SSN _____
 Email Address _____ Mobile Phone _____

Step 1: Landlord Permission (for adult additions only)

I agree to the addition of this person to the current lease I have with the above-named Voucher-holder.

Landlord name _____ Phone number _____
 Landlord signature _____ Date _____

Step 2: Requested Addition's Information

Relation to head of household _____ Date of birth _____ mm/dd/yyyy Male Female
 Are you disabled? Yes No Race/ethnicity _____ Hispanic Not Hispanic
 List all income received and attach 60 days' worth of verification (for example, paystubs or letter):
 Type _____ Source _____ Monthly amount \$ _____
 Type _____ Source _____ Monthly amount \$ _____
 List all assets held or owned and attach 60 days' worth of verification (for example, bank or account statements):
 Type _____ Financial institution _____ Current value \$ _____
 Type _____ Financial institution _____ Current value \$ _____
 Are you a student? Yes No If yes, attach verification of enrollment status
 Have you ever been convicted of a felony? Yes No If yes, please explain: _____

Step 3: Required Attachments

For all additions:	Additional forms for adult additions:
<input type="checkbox"/> Legal ID (such as driver's license for adults or birth certificate for minors)	<input type="checkbox"/> Leeds Housing Release of Information
<input type="checkbox"/> Original Social Security number verification	<input type="checkbox"/> Debts Owed and Terminations (52675)
<input type="checkbox"/> Declaration of Citizenship or Immigration Status	
<input type="checkbox"/> Non-citizens: Original Homeland Security I-551 or annotated I-94	
<input type="checkbox"/> Income, asset, and student (if applicable) verification	

I certify the above information is true and the additional household member will reside in the subsidized unit at least 51% of the time. I acknowledge that falsifying or manipulating information may result in denial or termination from the Voucher program.

Head of household's signature _____ Date _____
 Addition's signature (if an adult) _____ Date _____

Leeds Housing use	Recommend <input type="checkbox"/> Yes <input type="checkbox"/> No	Background check <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cert. Spec. initials/date _____	Supervisor initials /date _____	