



2013 RIDGE AVE
 PHILADELPHIA, PA 19121
 215.684.4000
 PHA.PHILA.GOV

ADDITION TO HOUSEHOLD REQUEST

HCV participants who are a part of the Philadelphia Housing Authority's Housing Choice Voucher Program must receive PHA approval prior to adding a family member to their household family composition. Participants must report all changes in household composition within 30 days of the occurrence. Complete this form and provide documentation to the Leasing Specialist regarding the new household member(s).

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Head of Household Name _____

Client ID Number _____

Address _____

PHILA, PA
 City, State

Zip Code _____

I am requesting to add the following household member(s) to my household and I have provided supporting documentation regarding the request. I also understand that additions to household other than by birth, adoption or court awarded custody require PHA approval prior to occupying my HCV unit.

Name	Relationship	Reason

Head of Household Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

FOR PHA USE ONLY

Leasing Specialist must obtain **verification** to support the addition to household and will forward the request to the Team Lead for review, if the request is denied by the Team Lead the request must be sent for Director/Manager review.

Please verify the following prior to approval:

- Birth date, social security number and Photo ID (**adult**) verification provided for new household member(s)
- EIV Existing tenant search print out for new household member(s)
- Addition to household does not violate current HQS occupancy standards
- EIV Debts owed and PHA AR History print outs for new **adult** household member(s)
- Approved PRC for new **adult** household member(s)
- Reasonable accommodation form completed (if applicable)
- Interdependent Relationship form completed (if applicable)

Leasing Specialist Print Name and Signature _____

Date _____

Approved by Team Lead

Team Lead Print Name and Signature _____

Date _____

Denied by Manager/Director Explain: _____

Manager/Director Name and Signature _____

Date _____