

DATE

TENANT NAME
ADDRESS
CITY, STATE ZIP

Dear **TENANT**:

You've asked to add an adult household member.

You must provide the following documents for the new member:

- Written landlord permission to add the member
- A copy of the new member(s) social security card
- A copy of the new member(s) Birth Certificate or Valid Photo ID
- Proof of income for the new member (paystubs, Social Security award letter)

I have included forms that need to be completed to add the new member:

- A new member household form.
- Release forms to be signed by all adults including the new member.

These forms also must be completed by the new member only:

- [Consent to screen for criminal activity](#)
- Declaration of Section 214 Status
- Debts owed to Public Housing Agencies HUD 52675
- [What you should know about EIV](#)

Please return these documents to us within 15 days.

Please contact MaineHousing at (207) 624-5789 or section8hcv@mainehousing.org with any questions.

Sincerely,

HCV Department

NEW ADULT MEMBER - HOUSEHOLD INFORMATION FORM

Part 1 – Adult Household Member Information	
Head of Household:	
Adult Household Member Name:	
	<i>Last</i> <i>First</i> <i>MI</i>
Cell Phone:	()
Work Phone:	()
Email:	
Social Security Number:	- -
Date of Birth:	/ /
Relationship to Head of Household:	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Live in Aide <input type="checkbox"/> Foster Adult
Race:	<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Pacific Islander
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a person with Disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic
Are you a Full Time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes School:
Adult Household Member Name:	
	<i>Last</i> <i>First</i> <i>MI</i>
Cell Phone:	()
Work Phone:	()
Email:	
Social Security Number:	- -
Date of Birth:	/ /
Relationship to Head of Household:	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Live in Aide <input type="checkbox"/> Foster Adult
Race:	<input type="checkbox"/> White <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Pacific Islander
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a person with Disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic
Are you a Full Time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes School:

Adult Household Member Name:			
	<i>Last</i>	<i>First</i>	<i>MI</i>
Cell Phone:	()		
Work Phone:	()		
Email:			
Social Security Number:	-	-	
Date of Birth:	/	/	
Relationship to Head of Household:	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Live in Aide <input type="checkbox"/> Foster Adult		
Race:	<input type="checkbox"/> White <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a person with Disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic		
Are you a Full Time Student?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes School:		

Do you have Minor/Child Household Members?
If yes, you must now complete Part 2
If no, you must now complete Part 3

Part 2 - Minor/Child Household Member Information If you do not have minor/child household members go to Part 3	
Minor Household Member Name:	
	<i>Last</i> <i>First</i> <i>MI</i>
Social Security Number:	- -
Date of Birth:	/ /
Relationship to Head of Household:	<input type="checkbox"/> Youth under 18 <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild
Race:	<input type="checkbox"/> White <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Are you a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a person with Disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non – Hispanic

Minor Household Member Name:			
	<i>Last</i>	<i>First</i>	<i>MI</i>
	Social Security Number: - -		
	Date of Birth: / /		
	Relationship to Head of Household:		
	<input type="checkbox"/> Youth under 18 <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild		
	Race:		
	<input type="checkbox"/> White <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Are you a US Citizen?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you a person with Disabilities?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Ethnicity:		
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic		

Minor Household Member Name:			
	<i>Last</i>	<i>First</i>	<i>MI</i>
	Social Security Number: - -		
	Date of Birth: / /		
	Relationship to Head of Household:		
	<input type="checkbox"/> Youth under 18 <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild		
	Race:		
	<input type="checkbox"/> White <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Are you a US Citizen?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you a person with Disabilities?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Ethnicity:		
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic		

Minor Household Member Name:			
	<i>Last</i>	<i>First</i>	<i>MI</i>
	Social Security Number: - -		
	Date of Birth: / /		
	Relationship to Head of Household:		
	<input type="checkbox"/> Youth under 18 <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild		
	Race:		
	<input type="checkbox"/> White <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	Are you a US Citizen?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you a person with Disabilities?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Ethnicity:		
	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic		

You must now complete Part 3			
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Part 3 - Household Screening		
MaineHousing screens all adult household members for drug-related criminal activities, violent criminal activities, sex offenses and sex offender registrations, debts owed to housing agencies, alcohol related crimes and use of illegal drugs including “medical marijuana”.		
Have any household members been arrested for drug-related or violent criminal activity?		
Yes	No	<i>If your answer is “Yes”:</i>
		Household Member Name?
		What was the crime?
		Where did the crime occur?
		When did the crime occur?
Are any household members now or previously incarcerated or on probation in the last 3 years?		
Yes	No	<i>If your answer is “Yes”:</i>
		Household Member Name?
		Release Date?
		What was the crime?
Are any household members Lifetime registrants on a state sex offender registration program?		
Yes	No	<i>If your answer is “Yes”:</i>
		Household Member Name?
		What was the crime?
		Where did the crime occur?
		When did the crime occur?
Do any household members currently use, cultivate, possess illegal drugs including “Medical Marijuana”?		
Yes	No	<i>If your answer is “Yes”:</i>
		Household Member Name?
Have any household members ever been evicted from any Federally Assisted Housing? (including Section 8, Public Housing, or Rural Development)		
Yes	No	<i>If your answer is “Yes”:</i>
		Household Member Name?
		Location/State?
		Eviction Date?
Do any household members owe money to a Housing Authority?		
Yes	No	<i>If your answer is “Yes”:</i>
		Household Member Name?
		Housing Authority?
		Amount Owed?
Have you, or any member of your household, sold or given away real estate property or other assets in the past two years?		
Yes	No	<i>If your answer is “Yes”:</i>
		What was it?
		Amount?
Have any adult household members lived in a state other than Maine in the last 3 years?		
Yes	No	<i>If your answer is “Yes”:</i>
		Household Member Name?
		Location/State?
You must now complete Part 4		

Part 4 - Household Income/Assets

Income is money or contributions paid to or for, a family member. Please provide the income expected for the coming 12 months for all family members, using the lists below of income and asset sources to help you.

SOME EXAMPLES OF INCOME SOURCES:

- Employment wages, including tips
- State Supplement from DHHS
- Child Support payments
- TANF from DHHS
- Self-Employment Income, Income from a business you own
- Alimony payments
- Support from family or friends
- Educational Grants & Scholarships
- Disability Income
- Pensions, retirement accounts
- General Assistance payments
- Unemployment compensation

☐ **My household currently has no source of income**

Household Member:				
Name of Income Source:				
Contact Information:				
Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

Household Member:				
Name of Income Source:				
Contact Information:				
Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

Household Member:				
Name of Income Source:				
Contact Information:				
Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

Household Member:				
Name of Income Source:				
Contact Information:				
Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

SOME EXAMPLES OF ASSET SOURCES:

- Bank statements reflecting Savings and Checking account balances
- Assets valuing more than \$5000 that have been sold or given away in the past two years
- Real Estate property that you own. Please provide current year property tax statement
- Investment statements for Stocks, bonds, trusts, IRAs and other investments
- Life insurance policies

Household Member:				
Type of Asset:				
Contact Information:				
Balance:	\$			

Household Member:				
Type of Asset:				
Contact Information:				
Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

Household Member:				
Type of Asset:				
Contact Information:				
Amount Earned:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

You must now complete Part 5

Part 5 – Household Expenses

If you do not have Household Expense please go to Part 6

CHILD CARE EXPENSES

If your household has adult household member(s) who are working, or Full-Time Student(s), and are required to pay child care for children under 13 years of age, please complete section below:

Household Member who is working or FT Student:				
Name of Daycare Provider:				
Contact Information:				
Amount Paid:	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

*****DO NOT FILL OUT THE NEXT SECTION unless your household is*****

- Elderly: The Head, Spouse or Co-Head is at least 62 years of age.
- Disabled: The Head, Spouse or Co-Head is a person with disabilities.

MEDICAL EXPENSES

- ✓ ALL members of a disabled or elderly household are eligible for medical deductions
- ✓ For Pharmacy Expenses have your pharmacy print a copy of your past year's purchases
- ✓ Out of Pocket medical expenses must exceed 3% of your annual gross income
- ✓ MaineHousing follows IRS Publication 502 guidelines of qualified, allowable medical expenses

SOME EXAMPLES OF MEDICAL EXPENSES:

- Medical expenses not covered by insurance
- Doctor or health professional services.
- Health care facilities services.
- Medicines prescribed by a physician (prescription and/or non-prescription).
- Costs related to transportation to treatment.
- Dental, eye glasses, or hearing aids.
- ✓ Live-In Aide, attendant care or periodic medical assistance.
- ✓ Auxiliary Apparatus (wheelchairs, ramps, vehicle adaptations, special equipment to enable the blind to read or write, vet and/or food bills for assistance animals.

Household Member:	
Medical Expense:	
Contact Information:	
Monthly Amount:	\$
Household Member:	
Medical Expense:	
Contact Information:	
Monthly Amount:	\$
Household Member:	
Medical Expense:	
Contact Information:	
Monthly Amount:	\$
Household Member:	
Medical Expense:	
Contact Information:	
Monthly Amount:	\$

You must now complete Part 6

Part 6 Household Certification

Warning: Title 18, Section 101 of the United States Code states that a Person is guilty of felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States, and shall be fined not more than \$10,000, or imprisoned for not more than 5 years, or both.

Check Off (✓) each of the following statements listed below, after having read and understood each statement. Please contact your MaineHousing Program Occupancy Specialist if you have any questions:

☐

I certify that the information given to MaineHousing regarding my household family members, income, assets, allowances and deductions is accurate and complete to the best of my knowledge and belief.

☐

I certify all answers to criminal screening questions are accurate and current.

☐

I understand that **I must report all changes** in household income, assets, or family composition in writing to MaineHousing within 14 calendar days of the change.

☐

I understand that **BEFORE I add an adult to my household** I must obtain written permission from my landlord and must receive prior approval from MaineHousing.

☐

I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

☐

Unless disclosed in asset information, I certify that neither I nor any member of my household has disposed of any assets for less than fair market value during the last two years.

In signing this form, the undersigned certifies that the information presented on this form is true and accurate to the best of their knowledge. The undersigned further understand that providing false, misleading or incomplete information may result in the termination of housing assistance.

Head of Household Signature:

Date:

Other Adult Household Member Signature:

Date:

Other Adult Household Member Signature:

Date:

Other Adult Household Member Signature:

Date:

If you wish to share other information with us please feel free to complete Part 7 on the next page.

[illegible]