

DATE

TENANT
ADDRESS

Dear TENANT:

You've asked to add a minor child to your household.

You must provide the following documents for the new member:

- A copy of the new member(s) social security card
- A copy of the new member(s) Birth Certificate or Valid Photo ID

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

- New minor household information form(attached)
- Declaration of Section 214 Status

Once you return the above information MaineHousing will add the minor child to your household.

Please note MaineHousing can only increase the bedroom size of your Housing Choice Voucher at your next annual certification if needed. Or, if you wish to relocate at that time to another unit you must provide **written** 30 day notice to your landlord and copy MaineHousing, 26 Edison Drive, Augusta, ME 04330 Attn: **HCV Department**

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

Sincerely,

HCV Department



NEW MINOR MEMBER - HOUSEHOLD INFORMATION FORM

Part 1 - Minor/Child Household Member Information	
Head of Household:	
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 <input type="checkbox"/> Black <input type="checkbox"/> Asian Alaskan Native 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 <input type="checkbox"/> Black <input type="checkbox"/> Asian Alaskan Native 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 2	

Part 2 - Household Income

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

Do you pay for child care expenses?

If yes, complete Part 3

If no, you must now complete Part 4

Part 3 - Household Expenses

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

You must now complete Part 4

Part 4 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 Officer if you have any questions:

<input type="checkbox"/>	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.
<input type="checkbox"/>	I certify all answers to criminal screening questions are accurate and current.
<input type="checkbox"/>	I understand that I must report all changes in household income, assets, or family composition in <u>writing</u> to MaineHousing <u>within 14 calendar days of the change</u> .
<input type="checkbox"/>	I understand that BEFORE I add an adult to my household I must obtain <u>written permission</u> from my landlord and must receive <u>prior approval</u> from MaineHousing.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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 5 on the next page.

Part 5 Additional Information

[illegible]

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

Instructions to Family Member For Completing Form: Fill out separate form for each family member. Print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

I, _____, certify, under penalty of perjury, ¹ that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age ²; or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - ☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) ³ or
 - ☐ Permanent residence under §249 of INA ⁴; or
 - ☐ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA ⁵ or
 - ☐ Parole status under §§212(d)(5) of the INA ⁶ or
 - ☐ Threat to life or freedom under §243(h) of the INA ⁷; or
 - ☐ Amnesty under §245A of the INA ⁸.

(Signature of Family Member)

(Date)

- ☐ Check Box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ Date: _____

[See reverse side for footnotes and instructions]

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

- 2/ **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
- 3/ **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C., 1101(a)(20 and 1101(a)(15)), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
- 4/ **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].
- 5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
- 6/ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].
- 7/ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].
- 8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

<p>Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.</p>
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