

Dear Tenant:

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

## You must provide the following documents for the new member:

- Original social security card or a letter from the social security office stating that a card has
  been requested. Please contact me to make an appointment to view and copy the social
  security card as MaineHousing is now required by federal regulations to view the original
  social security card for all new household members, before adding them to your household.
- A copy of the new member(s) Birth Certificate

## 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: Christina Roy.

If you have any questions please call me at 207-624-5732.

Sincerely,

Christina Roy

Chathi Roy

Occupancy Specialist





Date & Time Received:
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## **NEW MINOR MEMBER - HOUSEHOLD INFORMATION FORM**

Part 1 - Minor/Child Household Member Information					
Head of Household:					
Minor Household Member Name:					
		Last		First	MI
Social Security Number:	-	-			
Date of Birth:	/	/			
Relationship to Head of Household:	☐ Youth u	ınder 18	☐ Foster	: Child	Grandchild
Race:	White		rican Indian kan Native	Black	Asian Pacific Islander
Gender:	☐ Male			☐ Female	
Are you a US Citizen?	Yes			☐ No	
Are you a person with Disabilities?	Yes			☐ No	
Ethnicity:	Hispani	С		Non - His	spanic
Minor Household Member Name:					
		Last		First	MI
Social Security Number:	-	-			
Date of Birth:	/	/			
Relationship to Head of Household:	Youth u	ınder 18	☐ Foster	: Child	Grandchild
Race:	White	_	rican Indian kan Native	Black	Asian Pacific Islander
Gender:	☐ Male			Female	
Are you a US Citizen?	Yes			☐ No	
Are you a person with Disabilities?	Yes			☐ No	
Ethnicity:	Hispani	с		Non - His	spanic
You must now complete Part 2					

207.624.5789 | 866.357.4853 | Fax 207.624.5713

Part 2 - Household I	ncome					
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 INC		CES:				
- Employment wages, including			- Support from family or friends			
<ul><li>State Supplement from DHHS</li><li>Child Support payments</li></ul>	3		<ul><li>Educational Grants &amp; Scholarships</li><li>Disability Income</li></ul>			
- TANF from DHHS			- Pensions, retirement accounts			
- Self -Employment Income, In	come from a bu	siness you own	- General Assistance payments			
- Alimony payments	.1 1	C.	- Unemployment compensation			
☐ My household cur	rently has	no source of inc	ome			
Household Member:						
Name of Income Source:						
Contact Information:						
Amount Earned:	\$	Weekly	☐ Bi-Weekly	Monthly		
Household Member:						
Name of Income Source:						
Contact Information:						
Amount Earned:	\$	Weekly	☐ Bi-Weekly	Monthly		
Household Member:						
Name of Income Source:						
Contact Information:						
Amount Earned:	\$	Weekly	☐ Bi-Weekly	Monthly		
Household Member:						
Name of Income Source:						
Contact Information:						
Amount Earned:	\$	Weekly	Bi-Weekly	Monthly		
	Do you	pay for child ca	re expenses?			
	•	If yes, complete	-			
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 working or FT Studen	_					
Name of Daycare Provide						
Contact Information	-					
Amount Paid		Weekly	☐ Bi-Weekly	Monthly		
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You must now complete Part 4						

Part	4 Household Certification						
Warni	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:						
	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 <b>I must report all changes</b> in household income, assets, or family composition in <u>writing</u> to MaineHousing <u>within 14 calendar days of the change</u> .						
	I understand that <b>BEFORE I add an adult to my household</b> I must obtain <u>written</u> <u>permission</u> from my landlord and must receive <u>prior approval</u> 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:					

## **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 "\square" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child. \_\_\_\_\_, certify, under penalty of perjury, <sup>1</sup> 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 \( \frac{7}{2} \); 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 #: \_\_\_

[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:

- **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.
- 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].
- 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].
- 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].

**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.