



700 N. Berry Road, Norman, OK 73069

Phone 405-329-0933

Fax 405-329-2542

"Affordable Housing...with Vision"

Steps To Add A Household Member To The File

*****The Person being added to the household MUST be a family member or significant other.*****

- 1. Page 1 needs to be completed by the person being added to the household. (If this is a child, the guardian needs to complete the paperwork for the child.) MAKE SURE TO PUT THE HEAD OF HOUSEHOLD INFORMATION IN THE FIRST BOX!**
- 2. Page 2 needs to be completed by the person being added and signed at the bottom as "Signature of Other Adult." The Head of Household needs to sign where it says "Signature HOH."**
- 3. Pages 3 and 4 need to be signed and dated by both the Head of Household and the person being added to the household.**
- 4. Page 5 the person being added needs to print his/her name on the top of the page, check the correct box, and sign/date at the bottom of the page. (If this is a child, put the child's name at the top of the page, check the correct box, sign his/her (the adult's) name/date, and check mark the box that he/she is signing on behalf of the child.)**
- 5. Page 6 needs to be completed by the HEAD OF HOUSHOLD and taken to the landlord to sign.**
- 6. You will need to bring your birth certificate, social security card, and a current state issued photo ID. If you are employed, we require a statement (signed and dated) on company letterhead showing the date you started working, the rate of pay per hour, and the number of hours you work per week.**
- 7. When ALL of the paperwork is complete you must return it to the office at 700 N. Berry Road.**

NOTE: All household members, 18 years and older, are subject to a criminal background investigation which includes the sex offender database.



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Request to Add Household Member(s)

- Note:** *The NHA is an Equal Opportunity Housing Agency and cannot discriminate on the basis of race, creed, national origin, or sex. Information on race and ethnicity is used for statistical purposes only and will not affect your eligibility for assistance.*

Please complete the following for each new household member.

Name (last, first)	
---------------------------	--

Marital Status Married Divorced Single Widowed

Relationship	HEAD	Age		Date of Birth		
Soc Sec #		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander					
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Income Source	DHS	Soc. Sec.	Job	Child Supp	Other	Total Monthly Inc.
Monthly Amount						

Name (last, first)	
---------------------------	--

Marital Status Married Divorced Single Widowed

Relationship		Age		Date of Birth		
Soc Sec #		Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Disabled?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Race	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander					
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Citizen of the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Income Source	DHS	Soc. Sec.	Job	Child Supp	Other	Total Monthly Inc.
Monthly Amount						

Note: *If you need to list additional members, please ask for an additional members' sheet.*



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Has any household member owned or sold any real estate within the last two years? YES NO

If YES, please explain: _____

Have any of the listed household members, had or used a different name or social security number? (**Maiden, Married, Divorced and/or Adoptive**) YES NO

If YES, please explain: _____

Have you ever lived on assisted housing before? (**Example – Section 8 or Public Housing**) YES NO

If YES, for all times and places you lived on assisted housing, please listed dates and provide mailing addresses. _____

Have you ever committed fraud or been requested to repay money to any agency for knowingly misrepresenting information? YES NO

If YES, please explain: _____

Have any of the listed household members **EVER** engaged in **ANY** drug related or violent criminal activity? (**Examples – DUI, Violence, Theft, Drugs Etc. Misdemeanor or Felony**) YES NO

If YES, please explain _____

- **NOTE:** Any household member who has engaged in drug related activity, violent criminal activity, or violated a family obligation with a HUD program cannot be approved to live in your unit. Furthermore, if money is owed to a Housing Authority for an outstanding claim, the balance will need to be paid-in-full or arrangements made to pay the balance off to be approved to live in the unit.
- “If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.”

I hereby swear and attest that all of the information above is true and complete to the best of my knowledge. I understand that changes in income or household size must be reported in writing immediately.

Signature HOH _____ Date _____

Signature of Other Adult _____ Date _____

Signature of Other Adult _____ Date _____

Warning! Title 18, Section 1001 of the United States Code, states that a person is guilty of a Felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.



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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:

I authorized and direct any Federal, State, or Local agency, organization, business, or individual to release any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance. I understand and agree this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or this administration agency information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and violations of my lease or administration policies.

INFORMATION COVERED:

I understand that, depending on program policies and requirements, previous or current information regarding me, or my household, may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity / Marital Status / Employment / Income / Assets / Residences / Rental Activity / Childcare allowances / Credit / Criminal Activity

I understand this authorization cannot be used to obtain any information about me that is not pertinent to me eligibility for and continued participation in a housing assistance program.

GROUP OR INDIVIDUALS THAT MAY BE ASKED

The groups of individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (including Public Housing), Past and Present Employers, Law Enforcement Agencies, Retirement Systems, Child Care Providers, Courts and Post Offices, Child Support and Alimony Providers, Utility Companies, School and Colleges, State Unemployment Agencies, Bank and other Financial Institutions, Welfare Agencies, Social Security Administration, Credit Providers and Credit Bureaus, Veteran Administration, Insurance Providers, Mental Health Workers, Physicians

COMPUTER MATCHING NOTICE AND CONSENT:

I understand and agree HUD or this administration may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done. I understand I have a right to notification of any adverse information found and chance to disprove incorrect information. HUD or this administration may in the course of its duties exchange such automated information with other Federal, State, or Local agencies, including but not limited to: State Employment Security Agencies: Department of Defense: Office of Personnel Management: the US Postal Services: The Social Security Agency: and State Welfare and Food Stamp agencies.

CONDITIONS:

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with this administration and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signature of Head of Household

Print Name

Date

Signature of Spouse/Other Adult

Print Name

Date

Signature of Other Adult

Print Name

Date



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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 United States. 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.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

_____ I am a citizen by birth, naturalized citizen or national of the United States.

_____ I have eligible immigration status and I am 62 years of age or older (attach proof of age).

_____ 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.

OR: _____ Immigrant status under #1001(a)(15) or 101(a)(20) of the INA

OR: _____ Permanent residence under #249 of INA

OR: _____ Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR: _____ Parole status under #212(d)(f) of the INA

OR: _____ Threat to life of freedom under #243(h) of the INA

OR: _____ Amnesty under #254 of the INA

Signature of Family Member

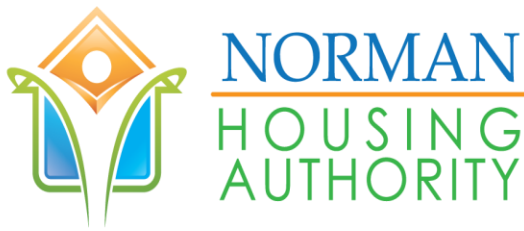
Date

_____ Check box if signature of adult residing in the unit is responsible for a child named on statement above.

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

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 manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]



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The following footnotes pertain to noncitizens that 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.

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].

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 245(a) 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].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

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), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.



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Dwelling Lease Addendum

The tenant listed below has requested that an additional member be included on their Lease. The name and relationship to the tenant are listed below.

Tenant

Name of Individual to be Added: _____

Social Security Number of Individual to be Added: _____

Date of Birth: _____

Relationship to Tenant: _____

Tenant Signature: _____ Date: _____

NHA Representative Signature: _____

Owner/Agent

Please check the appropriate decision:

As the Owner/Agent; _____ I agree or _____ I do not agree to allow the above named individual to be added to the lease.