



HOUSING AUTHORITY of the County of Butte
 2039 Forest Avenue, Chico, CA 95928
 (530) 895-4474 • Fax: 530-894-8738 • TDD Relay: 800-735-2929
 www.butte-housing.com

CHANGE FORM FOR ADDING MEMBER – Section 8

PLEASE PRINT ALL INFORMATION

Head of Household _____ Last 4 Digits, SS# _____

Address _____ City _____ State _____ Zip _____

Name on file if different than above _____

Phone # Home: (____) _____ - _____ Work (____) _____ - _____ Message (____) _____ - _____

REQUEST TO ADD MEMBERS TO HOUSEHOLD

You must get approval from the Housing Authority before you move any members into your household.

_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Relationship	Birth-Date	SS#
_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Relationship	Birth-Date	SS#
_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Relationship	Birth-Date	SS#
_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Relationship	Birth-Date	SS#

Date Family Member is planning on moving in or has moved In _____

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a CRIMINAL OFFENSE to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

I/We certify that the information given to the Housing Authority of the County of Butte on family composition and household income is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy. **I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs and requirements and prohibitions.**

 Signature of Head of Household Date

 Signature of Other Adult Member Date



The Housing Authority is an equal opportunity employer and housing provider.

