

## YUROK INDIAN HOUSING AUTHORITY



15540 Hwy 101 N. Klamath, CA 95548(707) 482-1506 or (800) 281-4749 Fax: (707) 482-3117

### REQUEST TO ADJUST FAMILY COMPOSITION

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

<b>SIZE OF HOME</b>
Bedrooms: _____
Bathrooms: _____
Other: _____

**Please list all persons currently living in your home:**

NAME	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER	GENDER	RELATIONSHIP
Person(s) to Add/Remove	DATE OF BIRTH	AGE		GENDER	RELATIONSHIP

**Has person(s) ever been convicted of a Felony? \_\_\_\_\_**

**Briefly describe reason for request.**

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If you are requesting to add a person(s) to your lease please attach copies of the following items with your request.

- Release of Information**
- Social Security card (s)**
- Income Verification**

**NOTICE:** In order for Yurok Indian Housing Authority (YIHA) to determine your eligibility for any requests, all documentation and information required must be completed and returned to YIHA.

**I hereby swear and attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. If any information is found to be false or misleading, I understand that I will be disqualified from the program or other actions may be taken against me. I also understand that this program is federally funded through the United States Department of Housing and Urban Development.**

**Giving True and Complete Information**

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD form "Things You Should Know" and certify that the information on my/our application form is true and correct.

**Cooperation**

I know that I am required to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to do so may result in delays or termination of this case for eligibility determination.

**Criminal and Administrative Actions for False Information**

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination from the program.

**Signature and Date of All Household Adults**

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

## **Release of Information**

I, \_\_\_\_\_, hereby give the Yurok Indian Housing Authority permission to obtain any information necessary to verify and complete my housing application.

Verifications and/or reports include but are not limited to records of:

State Public Assistance; Unemployment Compensation; Workers Compensation; Internal Revenue Service; Social Security; SSI; Other Housing Authorities, or Federally Assisted Home Loan Programs; Credit Reporting Agencies; Current and Past Landlords; Energy Providers; Law Enforcement Agencies.

Name: \_\_\_\_\_  
Maiden                      First                      Middle                      Last

Address: \_\_\_\_\_  
Street or P.O. Box                      City                      State                      Zip

DOB: \_\_\_\_\_ SS #: \_\_\_\_\_  
Month/Day/Year

Signature of Applicant: \_\_\_\_\_

I authorize the following person(s) to have access to any information in this file until I notify your office, in writing, that this has changed.

\_\_\_\_\_  
\_\_\_\_\_

(Every member of the household over the years of 18 years old must complete this form.)