



Arlington DHS Housing Choice Voucher Program
2100 Washington Blvd. 3rd floor
Arlington, VA 22204
Tel 703.228.1450 FAX 703.228.1042 www.arlingtonva.us

REQUEST TO ADD SOMEONE TO THE HOUSEHOLD

I hereby request that the person listed on this form be permitted to reside in my housing unit and be added to my voucher and lease. I fully understand that no one is permitted to reside in my apartment without the written approval of the Arlington County Housing Choice Voucher Program.

Name of Head of Household _____ Date of Request _____
 Address _____ City/State/Zip _____

PERSON REQUESTING TO BE ADDED TO THE HOUSEHOLD

To be completed by the proposed addition to the household. All questions must be answered in full. Please print. You may be required to attend an appointment at the Arlington Housing Program's offices. We will notify you of the date and time.

1. What is your full legal name? _____ Phone # (____) _____
2. Current Address _____ Date You Moved In? _____
 City/State/Zip _____ Phone # (____) _____
 Name of Landlord _____ Phone # (____) _____
3. Prior Address _____ City/State/Zip _____
 Prior Landlord _____ Phone # (____) _____
4. What is your Social Security Number? _____ - _____ - _____ Date of Birth? _____
5. Have you ever used a SSN other than the one listed above? Yes No
6. Have you ever been arrested for any crime? Yes No If *yes*, When? _____ Where? _____
 Why? _____
7. Have you ever been evicted? Yes No If *yes*, When? _____
 Reason? _____
8. Have you ever lived in public housing or received housing assistance under the HCV Certificate or Voucher programs? Yes No
9. List any other States in which you have lived:
 State: _____ When? _____ State _____ When? _____
 State: _____ When? _____ State _____ When? _____
10. Did you file a Federal Income Tax return last year? Yes No List the type and amount of income you receive.
 Type of Income _____ Amount _____
 Type of Income _____ Amount _____

I certify that the information contained herein is true and correct.

WARNING! Title 18, Section 1001 of the United States Code states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

Signature: _____ Date: _____
 Head of Household

Signature: _____ Date: _____
 Person Requesting To Be Added To Household