



**HOUSING CHOICE VOUCHER ADD-ON APPLICATION**

**Please have the applicant complete each question accurately and completely. Contact your administrator if you have any questions. Failing to provide accurate or complete information could prolong the application process.**

Name of Current Participant: \_\_\_\_\_

Current Participant's Address: \_\_\_\_\_

Current Participant's Phone Number: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

List all legal names of those wishing to be added on to the Housing Choice Voucher Program:

Name (First, Middle, Last)	Relationship to Head	Date of Birth	Gender	Social Security Number	Disabled Yes/No
	Head				

If disabled, for the purpose of determining program deductions and allowances, please list the name and institute of a qualified professional who can verify disability: \_\_\_\_\_

**INCOME INFORMATION**

**Income Information can include wages, military pay, seasonal employment, self-employment, earnings from medical studies, TANF, child/spousal support, social security, SSI, veteran's benefits, unemployment and workman's compensation, student financial aid, railroad retirement, pensions, recurring monetary contributions or gifts regularly received from persons not living in the household, farm income, etc.**

Family Member	Type of Income	Income Source	Monthly Amount
			\$
			\$
			\$
			\$



**ASSET INFORMATION**

**Asset Information can include bank accounts, real property (land, house), IRA, Keogh, retirement accounts, pensions, whole life insurance policy, inheritances, insurance payments, etc.**

Type of Asset	Yes	No	Name of Account Holder	Financial Institution	Current Balance
Checking Account					\$
Savings Account					\$
Certificate of Deposit					\$
Money Market					\$
Land/House					\$
Retirement/Pension					\$
Life Insurance					\$
Other					\$

**EXPENSE INFORMATION**

**Child Care Expense Information:**

Child's Name	Monthly Amount	Provider and Address	Child Care Assistance If Yes, how much?
	\$		<input type="checkbox"/> Yes \$ <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes \$ <input type="checkbox"/> No
	\$		<input type="checkbox"/> Yes \$ <input type="checkbox"/> No

**MUST be 62+ or disabled:**

**Medical Expense Information can include medicare, health insurance, prescription costs, hospital/clinic payments, disability expenses, etc.**

Family Member	Type of Expense	Source and Address	Monthly Amount
			\$
			\$
			\$
			\$
			\$

ADDITIONAL QUESTIONS

1. Are you or any member of the household currently registered as a sex offender or required to register?  
 YES  NO **If YES, name of person and state:** \_\_\_\_\_
  
2. Have you or any member of the household been involved with any type of criminal activity, including illegal drugs or any fraudulent activity against any government agency?  YES  NO **If YES, name of person and explain:**  
\_\_\_\_\_
  
3. Have you or any member in the household ever been known under a different name/social security number?(maiden name)  
 YES  NO **If YES, list other names/social security numbers:**  
\_\_\_\_\_
  
4. Have you or any member in the household EVER received any type of housing assistance? (ex. Section 8 Voucher or project-Based Housing, Public Housing, etc.)  YES  NO **If YES, list Name, address, and phone number of the housing authority/agency administering the program, address of where you lived, and the dates of residency:**  
\_\_\_\_\_  
\_\_\_\_\_
  
5. Have you or any member in the household EVER lived in any other state besides North Dakota?  YES  NO  
**If YES, name of person and state:** \_\_\_\_\_
  
6. Are you or anyone else that wants to be added to the household enrolled at an institute of higher education?  
 YES  NO **If YES, Who?** \_\_\_\_\_ **Name of institute or college:** \_\_\_\_\_  
**Are they over the age of 23?**  Yes  No **Do they have a dependent child?**  Yes  No  
**Do they receive any financial aid including: scholarships, grants, or financial assistance from parents or guardians?**  
 Yes  No **If YES, please list all financial aid in the Income Information section.**

**I/We understand that, if our family has zero income, the start of any income must be reported in writing to the Housing Authority within 10 days of the start of income. I/We also understand that the family must receive written approval from the Housing Authority before any person 18 years of age or older is added (moves in) to my housing unit. I understand that the limit for a guest to stay in my assisted unit is 10 consecutive days or for 30 days within a 12-month period. The burden of proof that an individual is a guest and not an unapproved resident rests on my family and me.**

**I/We understand that any misrepresentation of information or failure to provide complete and accurate information on this Personal Declaration may disqualify my family and me from participation in the Housing Assistance Program and may result in eviction and or termination of housing assistance.**

**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. You can go to jail if you have knowingly provided false or misleading information on this form! False statements or information are grounds for termination of your housing assistance, tenancy, or application.**

I/We certify that all information given to the Grand Forks Housing Authority including my/our household composition, size, income, family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws, and is grounds for termination of housing assistance. **ANYONE 18+ MUST SIGN THIS FORM.**

\_\_\_\_\_  
Signature of Head of Household                      Date

\_\_\_\_\_  
Signature of Spouse    Date

\_\_\_\_\_  
Signature of Other Adult                                      Date

\_\_\_\_\_  
Signature of Other Adult                                      Date