



**ADD – ON APPLICATION FOR HOUSING ASSISTANCE
HOUSING CHOICE VOUCHER PROGRAM**

Applicant Name: _____

Applicant Current Address: _____

Phone #: _____ Email: _____

Name of Head Of Household in whom you would like to be added too: _____

HOUSEHOLD INFORMATION

List all legal Names of those **who want to be added** to the household.

Name (First, MI, Last)	Relationship to head	Date of Birth	Gender M or F	Social Security Number	Disabled Yes/No
1.					
Member #1 Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification Race & Ethnicity (Optional): <input type="checkbox"/> Prefer not to Report Check all that Apply: Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Race: <input type="checkbox"/> American Indian or Alaska-Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					
2.					
Member #2 Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification Race & Ethnicity (Optional): <input type="checkbox"/> Prefer not to Report Check all that Apply: Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Race: <input type="checkbox"/> American Indian or Alaska-Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					
3.					
Member #3 Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification Race & Ethnicity (Optional): <input type="checkbox"/> Prefer not to Report Check all that Apply: Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Race: <input type="checkbox"/> American Indian or Alaska-Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					
Name (First, MI, Last)	Relationship to head	Date of Birth	Gender M or F	Social Security Number	Disabled Yes/No
4.					
Member #4 Citizenship: <input type="checkbox"/> Eligible Citizen <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Ineligible Noncitizen <input type="checkbox"/> Pending Verification Race & Ethnicity (Optional): <input type="checkbox"/> Prefer not to Report Check all that Apply: Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Race: <input type="checkbox"/> American Indian or Alaska-Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other					

- Do you or any member being added to the household require accessibility feachers:
 - Hearing Mobility Sight None
- 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? _____

- Is the student 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.**

- Are you or any member wanted to be added currently registered as a sex offender or required to register? ____ Yes ____ No **If YES, in what State?** _____ **Is it Lifetime?** _____
- Has anyone wanting to be added 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:

- Has anyone wanting to be added ever been known under a different NAME or SOCIAL SECURITY NUMBER, such as a maiden name? ____ YES ____ NO

If YES, List of person and the other names and/or social security #'s associated with that person:

- Have you or any member being added currently or EVER received any type of housing assistance? ____ YES ____ NO

If YES, list Name, Address, and Phone # of the housing authority/agency administering the program.

- Has anyone wanting to be added to the household EVER lived in another state besides North Dakota? ____ YES ____ NO **If YES, Name of Person and what State?** _____

INCOME INFORMATION

	Are you or any member of your household:	YES	NO
1.	Currently employed?		
2.	Self-employed?		
3.	Does anyone receive overtime, bonuses, or commissions?		
4.	Receiving Social Security, SSDI or SSI?		
5.	Does anyone receive TANF?		
6.	Does anyone receive Alimony or Spousal Support or Child Support?		
7.	Does anyone in the household receive military pay or monies from the VA?		
8.	Does anyone receive Indian Unemployment?		
9.	Does anyone receive payments from pension plans, retirement or annuities?		
10.	Does anyone receive Financial Aid?		
11.	Does anyone receive Indian Trust Money?		
12.	Does anyone outside your household help pay any of your expenses or gives you money each month?		
13.	Do you or any member of the household expect any significant changes to income in the next 12 months?		
14.	Does anyone have any other income sources or types not listed?		

If you answered YES to any of the questions above, please complete the Income questions on next page. IF NO to all, continue to question 15 below.

Question #	Member Being Added	Income Source	Monthly Income

ASSET INFORMATION

	Are you or any member of your household:	YES	NO
15.	Any checking, savings or money market accounts?		
16.	Any CD's mutual funds, or treasury bills?		

17.	Any stocks, bonds, securities or trust funds?		
18.	Any real estate, land contracts or other capital investments?		
19.	Any annuities, whole life insurance policies?		
20.	Any personal property held as an investment?		
21.	Any individual retirement account, 401K, 403B or other retirement accounts?		
22.	Any disposed assets or any real estate sold for less than market value in the past 2 years?		
23.	Any real estate, land contracts or other capital investments?		

If you answered YES to any of the questions above, please complete the Income questions on next page. IF NO to all, continue to question 15 below.

Question #	Member	Asset Source	Cash Value or Balance

EXPENSE INFORMATION

	Do you or any member being added have the following?	YES	NO
24.	Childcare Expenses?		
25.	Medical Expenses? (must be 62+ or disabled)		
26.	Disability Expenses?		

If you answered YES to any of the Expense questions above, please complete the Income questions on next page. IF NO to all, please skip the expense answer box and have all adult members read and certify below.

Question #	Member Being Added	Income Source	Monthly Income

By signing below: I/We certify that the information given to the Housing Authority on household composition, income, net family assets, and allowances and deductions 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.

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.

Head of Household and all ADULTS being added must sign.
(everyone 18 and older)

Head of Household Signature	Date
Signature	Date
Signature	Date
Signature	Date

We will also need the following:

- Social Security Card for every member being added
- Photo ID for every adult 18 years or older
- Birth Certificate for everyone under 18 years of age
- For adults being added – Letter from landlord accepting new household member
- Proof of anything that was answered YES to in the application
 - Proof of monthly income – must be the most recent
 - Proof of Assets – must be current
 - Student financial aid and tuition if a student of higher education
 - Proof of expense paid if filled out in the expense boxes

Revised May 2025