LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT

REQUEST TO ADD A HOUSEHOLD MEMBER

State Programs

To request to add a household member, you must complete the forms in this packet. We will conduct civil and criminal background checks on adult persons you wish to add to determine if they meet LHAND's admissions standards. If you wish to add this person as a Personal Care Attendant, **stop now and do not complete this form**. Contact your Case Representative to request to add a Personal Care Attendant.

Return your completed packet to your Case Representative.

Name of Head of Household:_____

Address:_____

- The family must inform LHAND of the birth, adoption or court-awarded custody of a child within 10 business days of the addition.
- Other than birth, adoption or court awarded custody of a child, families must request LHAND and Owner approval to add a new family member, live-in aide, foster child, or foster adult prior to the individual moving into the unit. It is the responsibility of the family, not the LHAND, to request and obtain the owner's written approval for the addition of family members.
- It is the responsibility of the family, not the LHAND, to request and obtain a de-lead certificate from the owner (if not already on file) when a household member under the age of six (6) is added.

Incomplete packets will not be accepted and will delay the review process

Check the applicable box to indicate the reason for the addition to the household and provide the requested information (listed below) for each addition.

☐ Birth: Name_____ Date of Birth:_____

☐ Adoption: Name_____ Date of Birth:_____

Effective Date:_____

☐ Court Awarded Custody: Name_____ Date of Birth:_____

Effective Date: _____

☐ Marriage: Name_____ Effective Date:_____

☐ Other: Name:_____ Effective Date:_____

Enter Reason for Addition to the Household (REQUIRED):_____

_____

_____

Requested information (provide photocopies of the following for each addition):

- Driver's licenses or state ID card (adults only, 18 years of age and older)
- Birth certificate
- Social Security card
- Alien Registration card, if applicable
- Marriage License
- Custody agreement, adoption papers (for each request due to adoption or court-awarded custody of a child)
- Third-party verification from the state or local government agency responsible for the placement of the individual with the family (for each request to add a foster child)
- Income and asset documentation for new household member(s), if applicable

Complete the sections below for the new household member(s).

LEGAL NAME: (as it appears on Social Security Card) First, Middle Initial, Last	Relationship to Head of Household	Date of Birth		Gender (M/F)	* Race / Ethnicity	Disabled (Yes/No)	Full-Time Student (Yes/No)	Social Security #
					/			
					/			
					/			

**Race Codes*: 1 = CAUCASIAN/WHITE, 2 = AFRICAN AMERICAN/BLACK, 3 = AMERICAN INDIAN or ALASKAN, 4 = ASIAN, 5 = NATIVE HAWAIIAN/other PACIFIC ISLANDER
Ethnicity Codes: 1 = HISPANIC, 2 = NOT HISPANIC *Please use both Codes* (one on each side of the slash) for each member. Example: 2/2 (BLACK/NOT HISPANIC)

INCOME: Income Sources include money from wages, self-employment, Unemployment, alimony, child support, and regular contributions or gifts received from persons not residing in the dwelling, TAFDC, Social Security, SSI, SSP, retirement, Pensions, Disability, Workman's Comp, Military pay, Veteran Benefits, Rental Property Income, and all other sources.

List **all** income earned or received by **the new** household member(s).

Household Member Name	Income Source (ex. wages, child support)	Name & Complete Mailing Address of Income Source	Gross Amount	Frequency
			$	☐Monthly ☐Weekly ☐Biweekly ☐Yearly
			$	☐Monthly ☐Weekly ☐Biweekly ☐Yearly
			$	☐Monthly ☐Weekly ☐Biweekly ☐Yearly

ASSETS: Assets include Checking, Savings, 401k, IRA, CD, Money Market, Stocks, Bonds, Retirement Accounts, Personal Property held as an investment, and all other assets. Does the new household member(s) have any assets? ☐**Yes** ☐**No** If Yes, list below.

List **all** Assets held by **the new** household member(s). *Cash value is the market value minus any costs/penalties/fees required to convert to cash.

Household Member Name	Type of Asset (ex. checking, retirement account)	Name & Complete Mailing Address of Financial Institution	*Cash Value/ Balance	Interest Rate
			$	%
			$	%
			$	%

I certify that the information given to the LHAND on the new family member(s) information, including income and assets is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal and state laws and are grounds for termination of housing assistance.

Head of Household: _____ _____
Name and Signature Date

New Family Member: (adults only) _____ _____
Name and Signature Date

Warning: Title 18, Section 1001 of the U.S. Code provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than $10,000 or imprisoned for not more than five years or both.

For office use only:
Instructions: Complete the CORI/SORI & EIV Screening form for each addition. Forward the Screening form and this entire packet to the Manager for review.

LHAND Manager review and approval is required for additions to family composition other than birth, adoption, or court awarded custody of a child

☐ Approved ☐ Disapproved

Reason for Disapproval: _____

Manager: _____ _____
Name and Signature Date

*****This form must be completed for the addition of children (birth, adoption, or court awarded custody), if the child will not be living with both biological or adoptive parents: *****

LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT

Custody & Child Support Affidavit

Complete a separate form for each minor in this unit not living with both biological or adoptive parents:

Child Name: _____

SSN (last four digits):_____ DOB: _____

Name of Absent Parent: _____

Will this child live with you at least 50% of the time? ☐**YES** ☐**NO**

Who claimed the child as a dependent on their most recent tax return?

☐ **I did** ☐ **The absent parent** ☐ **Other:** _____ ☐ **No one**

Do you receive support (monetary or not) for this child? ☐**YES** ☐**NO**
(Note: "Support" may be legally ordered or an informal agreement)

If **YES** list amount $_____ per _____

Have you ever been awarded an amount of child support for this child through the courts? ☐**YES** ☐**NO**

If awarded but not paid, have you taken legal action to collect child support? ☐**YES** ☐**NO**

If yes, please describe efforts and proof:_____

Do you expect to receive child support for this child in the next 12 months? ☐**YES** ☐**NO**

If no, please explain:_____

I certify that the information presented in this Self-Certification is true and correct to the best of my knowledge. I understand that supplying false statements or false information to the LHAND is considered fraud or misrepresentation, is punishable under Federal, State, and Local Law, and is grounds for rejection of my application, eviction, and/or termination of housing assistance under any of LHAND's housing programs.

Signed under the pains and penalty of perjury.

_____ _____
Applicant/Participant Signature Date

_____
Print Name

LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT

*****If you are requesting to add an adult (18 years of age or older), the adult must sign and date this form*****

TENANT NOTICE REGARDING FRAUD

The Lynn Housing Authority & Neighborhood Development (LHAND) is committed to eliminating fraud and dishonesty from its programs and has an aggressive investigative unit called the Housing Integrity Program. Any incident of fraud will be investigated and could result in the termination of your housing assistance and you being accused of a federal crime.

Some examples of fraud include, but are not limited to:

1. Misstatements of facts, omission of facts, making false statements, lying on personal declaration forms.
2. Allowing unauthorized people to live in the assisted unit.
3. Failure to report all income and assets. Many people forget to report income from second jobs, part-time jobs, tips, overtime, babysitting, child support, or social security or disability benefits. **Regular contributions or gifts (monetary or not) from organizations or persons not living in your household is income and must be reported.**
4. Having a personal interest in the assisted unit or a relationship with the owner.

If the landlord asks you to pay more than determined by LHAND, you should report this immediately. LHAND will determine if the extra payments are illegal and appropriate action will be taken.

If you know of any cases of fraud by other program applicants, tenants, property owners, contractors, or employees; or if you have any questions on this subject, please call the Housing Integrity Program unit at (781) 581-8740.

By signing this letter, you agree that you understand what your obligations are regarding reporting fraud, and that you have been given an opportunity to read this letter and to ask any questions associated with the letter to a qualified LHAND representative before signing below.

I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I further understand that false or incomplete information made verbally or in writing to LHAND staff may lead to my termination from the housing assistance program, requirement to repay all overpaid rental assistance, arrest, fined up to $10,000, imprisoned for up to 10 years, and/or prohibited from receiving future rental assistance.

Head of Household Signature _____ Date_____

Signature of Other Household Member 18 or older_____ Date_____

Signature of Other Household Member 18 or older_____ Date_____

Signature of Other Household Member 18 or older_____ Date_____

Signature of Other Household Member 18 or older_____ Date_____

This is an important document. Please arrange to have it translated.

Este es un documento importante. Por favor, hacer arreglos para que sea traducido.

នេះគឺជាឯកសារដ៏សំខាន់។ សូមរៀបចំឱ្យបានបានបកប្រែ។

LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT

*****If you are requesting to add an adult (18 years of age or older), the adult must complete, sign and date this form*****

AUTHORIZATION FOR THE RELEASE OF INFORMATION

Signing this form gives the LHAND and/or DHCD permission to share your personal information.

Your personal information will only be disclosed in accordance with this form and as required or allowed by law. Please read it carefully before signing it.

I understand that the personal information I provide through this release will be securely maintained in accordance with applicable law.

I authorize the LHAND and/or DHCD:

- to contact individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to determine my household's eligibility and to obtain and share information (by any means, including oral, written, electronic, facsimile or telephonic) regarding myself and my household members related to my State housing assistance, application, and supporting documents; and
- to verify the information regarding myself and my household members, including through wage matching, Criminal Offender Record Information (CORI), and Sex Offender Registry Information (SORI) requests.

I authorize any and all individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to release any information regarding me and my household members to the LHAND and/or DHCD.

Shared and verified information may include, but is not limited to:

- biographic information (e.g. name, date of birth, social security number);
- demographic information (e.g., race, ethnicity, language); and
- information related to my application for, eligibility for, or participation in State housing assistance (such as income, employment, criminal history, assets, or any other information related to my housing subsidy).

In accordance with all applicable state laws including M.G.L. c. 62E, the LHAND and DHCD participate in the Massachusetts Wage Reporting System ("wage match"). The income reported by adult State housing assistance Applicants and Participants (18 years of age or older) shall be matched with wages reported by employers to the DOR. The LHAND and DHCD are asking all adult State housing assistance Participants to provide and verify their social security numbers for this purpose. I understand that failure to provide and verify social security numbers may result in my termination from the State housing assistance.

I agree to cooperate in requests to provide information to the LHAND and/or DHCD, and understand that my failure to do so may result in my termination, suspension, and/or repayment of assistance.

I will be notified in writing of actions taken against me because of information gained from verification processes, provided an opportunity to contest the actions, and given information on how to do so.

If I receive State housing assistance and I am later determined to be ineligible for it, I may be fully liable for the value of the assistance received.

I understand that this release is effective for 15 months from the date of signature. I have read and understand this form. A photocopy or digital copy of this release is as valid as the original.

_____ _____

Name (please print) **Signature**

_____ _____

Social Security # **Date**

*****If you are requesting to add an adult (18 years of age or older), the adult must complete, sign, and date this form*****

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

Criminal Offender Record Information (CORI) Acknowledgement Form

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

Lynn Housing Authority & Neighborhood Devlopment (LHAND) is registered under the (Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to LHAND (Organization)
to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing LHAND (Organization)
with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The LHAND (Organization) may conduct
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that LHAND (Organization), must first provide me
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

_____ _____
Signature of CORI Subject *Date*

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS

SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name:_____ Middle Initial: _____

* Last Name:_____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY):_____ Place of Birth: _____

* Last **SIX** digits of Social Security Number:_____-- _____ ☐ No Social Security Number

Sex:_____ Height:_____ft._____in. Eye Color:_____ Race: _____

Driver's License or ID Number:_____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

_____

_____

_____

Verified by:

_____
Print Name of Verifying Employee

_____ _____
Signature of Verifying Employee *Date*

LYNN HOUSING AUTHORITY
& NEIGHBORHOOD DEVELOPMENT

FAMILY COMPOSITION CHANGE – LANDLORD APPROVAL

- The LHAND requires that the family informs LHAND of the birth, adoption or court-awarded custody of a child within 10 business days of the addition.
- Other than birth, adoption or court awarded custody of a child, requests to add a new family member or other household member (live-in aide or foster child/adult) must be made to both LHAND and the landlord and **approved** by both **prior to the individual moving into the unit**.
- This includes any person not on the lease who is expected to stay in the unit for more than 14 days within a 12-month period and therefore no longer qualifies as a "guest."
- LHAND will determine if the individual meets the PHA's eligibility criteria and documentation requirements, LHAND will provide written notice to the family and Owner.

Your written approval is requested to add the individual(s) below.

To Be Completed By the Head of Household

Head of Household Name:_____

Tenant Address:_____

_____

Addition of Family Members

☐ Marriage: Name _____ Requested Move-In Date: _____

☐ Other: Name: _____ Requested Move-In Date: _____

Reason for Addition to the Household:_____

_____

_____

To Be Completed By Owner/Landlord

I ☐ Approve ☐ Disapprove this change:

Landlord Name:_____ Landlord Phone Number:_____

_____ _____

Signature Date

Reason for Disapproval, if applicable: _____

_____

Reminder: A de-lead certificate must be on file when a household member under the age of six (6) is added.