



REQUEST TO ADD OR REMOVE FAMILY MEMBERS

New family members must be approved before occupying the assisted unit.

PART I: TO BE COMPLETED BY FAMILY

Head of Household (print): _____ Last 4 of SSN#: _____

Address: _____ City/State _____ ZIP _____

I request to Add Remove (*check one*) the following family member:

Family Member Name: _____

Family Member SSN#: _____ Date of Birth _____

Relationship to Head of Household _____

Check here if the new household member is a person with a disability.

I/We agree to provide any documentation necessary to add/remove the above family member. I/We also understand that the landlord must agree and be notified of this change. I/We understand that eligibility for the Housing Choice Voucher Program depends on the results of a criminal background check conducted through the Colorado Bureau of Investigation. I/We authorize the Division of Housing (DOH) to conduct a CBI check on all adult members of my household. I/We certify that the information provided is true and correct.

Signature of Head of Household: _____ Date: _____

Signature of new/removed adult member: _____ Date: _____

Signature of Landlord: _____ Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code, makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

PART II: AGENCY USE

Request to add/remove a family member is: Approved Denied

Reason for Denial: _____

No increase/Decrease is required per the DOH subsidy policy

Increase/Decrease of voucher size is approved. New voucher size is: _____ effective: _____

