

HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

NEW MEMBER REQUEST

P.O. BOX 1071 + HARRISONBURG, VA 22803 Phone/VTDD 540-434-7386 + Fax 540-432-1113

Head of H	ousehold Name				SSN				
Address			Phone #						
EW HOUSEHO	/ Household Members			# of Adults			# of Children		
IAME	RELATIONSHIP	SEX	SSN	BIRTH DATE	PLACE OF BIRTH	RACE	ETHNICITY (HISPANIC Y/N)	DATE O ADDITIO	
	CERTIFY THAT ALL INFO	RMATION F	PROVIDED IS	TRUE AND CORRE	Date		NOWLEDGE.		
nead of the	WARNING: Title 18, Sect			es that a person is gui department or agency	Ity of a felony for k	nowingly and			
☐ Bir ☐ Ad ☐ <u>Cit</u> ☐ Eli	ditions: cial security card (or lead to the certificate option papers and/or eleanship Declaration gible immigrant status cumentation of any in	court-aw	arded cust	ody, if applicable	е				
☐ AII	s Only (age 18 and ab items listed above, pl oto ID	•	listed belo	υW					

Once all required information is received, HRHA will determine whether the person can be added to the household and will notify you whether they are approved or denied. For adults, this includes a criminal background check that can several weeks to process. HRHA must also receive owner approval of the addition.