



MHA MEMPHIS HOUSING AUTHORITY – HOUSING CHOICE VOUCHER PROGRAM
 700 Adams Avenue Memphis, TN 38105 Telephone: 901-544-1302 Fax: 901-544-1375

Request for Approval Additions to the Household Composition

Name _____ Client Number _____

Street Address _____ Phone Number _____

You may add additional members to the household **only** under the following circumstances:

- Birth
- Marriage
- Adoption with legal documents
- Court awarded custody(guardianship)
- Live-in aide (only one bedroom will be granted for the live-in aide and any family members of the live-in aide).
- Unrelated partners desiring to live as a family
- Emergency/Humanitarian Reasons (e.g. head of household is deceased and there are remaining minor children of the household). Emergency/Humanitarian Reasons must be reviewed and approved by Management.

You must provide a statement that provides the reason for the addition to the household. The request must be approved by MHA before you allow anyone to occupy the assisted unit. The person(s) that you wish to add must pass MHA’s screening procedures. The income of all persons in the household will be counted. Additions will not be approved if the increased household size will cause there to be overcrowding, or more than two persons per living/sleeping area. MHA will **only** grant increases in voucher size in cases of birth, adoption, court awarded or other legally documented custody and reasonable accommodation.

Name of the person	Date of Birth	Relation to Head of Household	Move in Date

***Reason for addition to household:**

Please Note: Your request to add additional household members must be approved by your property owner/agent.

 HCV Participant Signature Date

 Owner/Agent Signature Date

For Official Use Only Housing Specialist _____

Approved Was the add on a child/children under the age of six (6) Yes or No

Denied What year was the unit built that is currently being subsidized? _____

Please Note: If the unit that is being subsidized was built before 1978 and there will be children added to the family composition under the age of six (6), please forward a copy of this notice to the Inspection Department.

The HCV Department will make changes in policies, procedures, or rules as a reasonable accommodation to persons with disabilities. Please inform us if you require a reasonable accommodation.