



Davis Community Housing Authority

Telephone: (801) 451-2587
FAX: (801) 451-6484 TDD #711
E-mail: dcha@xmission.com
www.daviscommunityhousing.com

Additional Household Member

Name of Head of Household: _____

Mailing address: _____

_____ City State Zip

Phone Number: _____

Social Security of Head of Household: _____

What is the relationship of the new household member(s) to the head of the household?

| Full Name | Birthday | Age | Social Security Number | Gender (M/F) |
|-----------|----------|-----|------------------------|--------------|
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This information is requested by HUD for stastical data

There is no penalty for persons who do not answer the following 2 questions.

1. Hispanic or Latino Non-Hispanic or Latino
2. White Black/African American American Indian or Alaskan Native
 Asian Pacific Islander or Native Hawaiian Other

I declare under the penalty of perjury that I or we are giving true and accurate information on every member of our household whether he or she is a U.S. citizen, noncitizen, with eligible immigration status, or non-citizen without eligible immigration status.

WARNING! Title, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fradulent statements to any department or agency of the United States.

352 South 200 West, Suite #1 • P.O. Box 328 • Farmington, Utah 84025



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Citizenship

In accordance with the Department of Housing and Urban Development (HUD), this must be completed for the new member of the household.

- A: United States Citizen(s)
- B: Non-Citizen with eligible immigration status
- C: Non-Citizen without eligible immigration status

| Name | Birthplace (country, city, state) | A | B | C |
|------|-----------------------------------|---|---|---|
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I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction/termination of assistance. I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

I understand that a background check will be performed on every household member age 18 or older when my name reaches the top of the Waiting List(s) and may disqualify from receiving assistance.

Signature of Head of Household

Date

Signature of Household member 18 + years

Date

Signature of Household member 18 + years

Date