

FALL RIVER HOUSING AUTHORITY

**85 MORGAN STREET
P.O. BOX 989
FALL RIVER, MASSACHUSETTS 02722**

**TELEPHONE (508) 675-3595
FAX (508) 675-3435**

REQUEST FOR ADDITION TO HOUSEHOLD

Instructions: It is a Family Obligation that the Fall River Housing Authority must approve additional members of the household before they can move into the unit. Please complete this form and submit it to the Fall River Housing Authority representative before permitting anyone to move into your housing unit.

DATE: _____
HEAD OF HOUSEHOLD: _____
ADDRESS: _____ APT. #: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: _____

I would like to request for the following person to move into my household.

NAME OF PERSON: _____
ADDRESS: _____ APT. #: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NUMBER: _____
HOW LONG AT THIS ADDRESS: _____
RELATION: _____

The Fall River Housing Authority will be requesting all sources and amounts of income received by this person.

Landlord's Signature: _____

Landlord must be notified on this addition.