

**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.**