

Rental Assistance Division **Account:** 

## **Owner Approval of Adult Household Member**

nant Name:		Caseload #:	
ldress:			
Iindividual(s) to be added to t		nager of the above property, agree to allo	ow the following
Tenant Signature	Date	Owner/Manager Signature	Date
Please note the following ap	oplicable polices:		
	rove the addition of an ction to review eligibility	adult before they can be added to the y.	household and
		must be verified and will be used to esult in an increase in their share of the	
Adults are only allowed	ed to return one time to	the household within a twelve-month	period.
Adding adult member	s to the household may	not increase the voucher size.	
Failure to return this form members to your household		ill result in no further review of your	request to add