



**RICHLAND COUNTY HOUSING AUTHORITY**

290 W. Union St. – Richland Center, WI 53581  
Telephone (608) 647-3214 – Fax (608) 647-8455  
rcha@richlandhousing.org

**ADDITION TO HOUSEHOLD REQUEST**

Date: \_\_\_\_\_

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please be advised, to add additional household members to your residence, it first must be approved by your landlord and the Richland County Housing Authority. The requested person(s) to be added, over the age 18, must be screened as a new tenant for eligibility per our policy which includes a criminal and sex offender background check. In addition, your landlord does have the right to deny any additional person(s) to reside with you during your lease term and may complete their own background check in addition to having them complete a rental application.

**PLEASE NOTE: Any additional household members ARE NOT eligible to reside in your residence until approval is received by the Landlord and Richland County Housing Authority.**

**The following documents are required to be included with this request to the Richland County Housing Authority to begin the process of eligibility for addition household members. If all document listed below are not received, this request will be considered incomplete and will not be processed until all are received:**

1. Criminal and Sex Offender Information Form
2. Drug-Free Household Statement Form
3. Declaration of Citizenship Form
4. Authorization for the Release of Information/Privacy Act Notice Form
5. Copies of the following for each requested person requesting:
  - a. ID/Driver’s License
  - b. Birth Certificate
  - c. Social Security Card
  - d. Income Verification (Paystubs)

**Please complete the questions below:**

1. Name of Household Member(s) you are requesting to add:
  - a. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_
  - b. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_
  - c. Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_
2. When is the requested person(s) planning on moving in? \_\_\_\_\_
3. What is the relationship of the person(s) to you? \_\_\_\_\_
4. What is the reason for the request? \_\_\_\_\_

5. Do any of the requested household addition(s) have a violent criminal or drug background or any other criminal activity history?  YES  NO If yes, please attach the record(s).
6. Please list the previous Landlord's name and address of the requested addition person(s):
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Signature of Head of Household

Date

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Signature of Head of Household

Date

**LANDLORD/OWNER**

The above-mentioned tenant has requested to add additional household member(s) to their lease. Before we can process their request, we first must have permission from the Landlord/Owner. Could you please check the appropriate box and sign below and return it our office? If you have any special conditions please list them below. If you have any questions please feel free to contact our office.

- I **will not** be approving the above mentions person(s) to be added to the lease. (Please explain below)
- I **will** approve the above mentions person(s) to be added to the lease.
- I am **undecided** and need more information from tenant. (Please explain below)

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Signature of Landlord/Owner

Date



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### CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal Law requires us to get a drug and criminal background and sex offender registration information for all adult household members applying for Section 8 rental assistance. To enable us to do this, all household members age 18 or older must answer the following questions below, then sign to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety or welfare of other residents.

The Richland County Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from federally assisted site for drug-related activity within the past three years?  
 YES  NO
2. Do you currently use illegal drugs or abuse alcohol?  YES  NO
3. Are you currently subject to a lifetime registration requirement under the state sex offender registration list?  YES  NO
4. Have you been convicted of any drug-related crime within the past three years?  YES  NO
5. Have you ever been convicted of any crime involving fraud or dishonesty within the past three years?  
 YES  NO
6. Have you ever been convicted of any felony within the past three years?  YES  NO
7. Have you ever been convicted of any crime involving violence within the past three years?  
 YES  NO
8. Are you currently charged with any of the above criminal activities?  YES  NO
9. Please list the states in which you have lived or have held licenses to drive (include driver's license #s)  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you ever used or been known by any other name?  YES  NO  
If yes, please list the names uses: \_\_\_\_\_
11. Are you currently on probation or parole?  YES  NO  
If yes, please list County and officer's name: \_\_\_\_\_

**PLEASE SIGN ON THE BACK**

There are restrictions to participate in the rental assistance program for charges and/or convictions of any drug or drug related criminal activity and/or violent criminal activity. These charges and/or convictions may prohibit participation in the program. In accordance with 24 CFR 88.210, the Richland County Housing Authority is not required to assist families who engage in drug related criminal activity or violent criminal activity as defined in 882.118 (b)(4). A person does not have to be arrested or convicted in order to terminate assistance for this reason. The criteria used to determine denial include the following:

- A. Credible Evidence: including evidence provided by newspapers, the police and court systems, probation officers, such as drug raids, drugs found in the dwelling unit or personal vehicle by police or housing authority staff, arrest warrants issued, testimony from neighbors, etc.
- B. Preponderance of Evidence: Preponderance of evidence is defined as evidence which is greater weight or more convincing than the evidence which is offered in opposition to it, that is, evidence which as a whole show that the facts sought to be proved is more probable than not;
- C. Drug related or violent criminal convictions within the last three (3) years.

Waiver exceptions will be considered on a case by case basis if the applicant is in total compliance with court orders and has completed all provisions related to probation and parole stipulations. Applicant who are denied eligibility for participation for the rental assistance program have the right to an informal review for the decision to resolve the dispute with the Housing Authority without legal action and to correct Housing Authority errors.

I understand that the above information is required to determine my eligibility for rental assistance. I certify that my answers are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for denial of admission or termination of assistance. I authorize Richland County Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Richland County Housing Authority.

Consent form expires fifteen (15) months after signed.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (Please Print): \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Name (Please Print): \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Other Adult's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

ATTACHMENT 2

**RICHLAND COUNTY HOUSING AUTHORITY DRUG-FREE HOUSEHOLD STATEMENT**

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

I, the undersigned do hereby attest that I and all members of my household, do not use any **illegal drug(s)**. I further attest that I and all members of my household do not sell, manufacture, possess or use illegal drugs and that my household is a **drug-free household**.

I further understand that if I, members of the household or guest(s) of household, use, sell, manufacture or possess illegal drugs, I am subject to the removal from the waiting list or termination of Housing Assistance Payments, or Subsidized Housing, whichever may apply.

I understand that this statement will remain in effect for the entire length of my application period and participation of the Section 8 Housing Choice Voucher Program.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

ATTACHMENT 3

**RICHLAND COUNTY HOUSING AUTHORITY DRUG-FREE APPLICANT/TENANT CERTIFICATION**

I/WE CERTIFY THAT THE INFORMATION GIVEN TO THE RICHLAND COUNTY HOUSING AUTHORITY ON **HOUSEHOLD COMPOSITION, INCOME, FAMILY ASSETS, AND ALLOWANCES AND DEDUCTIONS** IS ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION IS PUNISHABLE UNDER **FEDERAL LAW**. I/WE ALSO UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE AND TERMINATION OF TENANCY.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Other Adult

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing Toll-Free Hotline at 800-669-9777.

After verification by the Richland County Housing Authority, the information will be submitted to the U.S. Department of Housing and Urban Development on form HUD-50058, a computer-generated facsimile. See the Federal Privacy Act Statement for more information.

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENT OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER IN THIS JURISDICTION.**

# DECLARATION OF CITIZENSHIP

## RICHLAND COUNTY HOUSING AUTHORITY

### PART 1: APPLIES TO ALL FAMILY MEMBERS

Each person who will benefit under the subsidized housing program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is under 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Age	I am a citizen or national of the U.S.	or	I am a noncitizen with eligible immigration status	Signature of Adult listed to the left, or Signature of Guardian for Minor
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X
				or		X

**WARNING:** Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement(s) to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future rental assistance.

**NOTE:** Family members who have checked indicating that they are a noncitizen with eligible immigration status must complete Part 2 of this form.

**PART 2: APPLIES TO NONCITIZEN FAMILY MEMBERS ONLY**

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

1. Form I-551, Temporary Stamp and MRIVS
2. Form I-94, Arrival-Departure Record
3. Temporary Resident Card
4. Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant’s entitlement to the document has been verified.

Please call to arrange for delivery a copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family’s rental assistance may be reduced, denied, or terminated as provided in the regulations by the U.S. Department of Housing and Urban Development, pending available appeals processes.

**HEAD OF HOUSEHOLD CERTIFICATION**

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of the my that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or noncitizens with eligible immigration status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT TO VERIFY ELIGIBLE IMMIGRATION STATUS**

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult listed to the left, or Signature of Guardian for Minor	OFFICE USE ONLY INS VERIF #
			X	
			X	
			X	
			X	
			X	
			X	

Evidence supplied with this form may be released by the Housing Authority, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purpose of verification of immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.