



818 S. FLORES ST. ① SAN ANTONIO, TEXAS 78204 ① [www.saha.org](http://www.saha.org)

ASSISTED HOUSING PROGRAMS

## **CHANGE OF FAMILY COMPOSITION PACKET**

### **ADD A NEW MEMBER**

Participant:

In an effort to ensure you/your family is served in a timely manner, we are requesting that you completely fill out and sign every document in the enclosed packet within 10 days. Warning: Failure to report a change of income or family composition within 10 days could result in the termination of your housing assistance.

**To add a member to your household, you must enclose copies of the following for all persons being added:**

- a. Social Security Card
- b. Birth Certificate
- c. Picture ID for persons 18 or older
- d. Marriage Certificate (if applicable)
- e. Managing Conservatorship for non-biological children (Legal Custody)
- f. Proof of all household income, including employer's name and address
- g. TANF, Social Security/SSI and Child Support print outs
- h. Child Care Provider verification (for each child under age 13)
- i. Employment verification on company letterhead or 4-6 paycheck stubs

**Complete and return all the attached forms:**

- a. Criminal History Report
- b. Release of Information
- c. Statement (stating change you are requesting)
- d. Citizenship (Section 214)
- e. Owner Acknowledgement

**FAILURE TO SUBMIT THE REQUIRED DOCUMENTATION MAY DELAY YOUR REQUEST TO ADD A MEMBER TO YOUR HOUSEHOLD.**



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ASSISTED HOUSING PROGRAMS

## **PAQUETE PARA CAMBIAR LA COMPOSICIÓN FAMILIAR**

Apreciado Participante:

Con el fin de asegurar que usted o su familia sean atendidos de manera oportuna, le solicitamos que llene completamente y firme todos los documentos del paquete adjunto dentro de los 10 días posteriores a su recibo. **Advertencia:** *El no reportar algún cambio en la entrada o en la composición familiar dentro de estos 10 días después del cambio, puede ocasionar la terminación de su asistencia para vivienda.*

**1. Si está solicitando agregar miembros a la composición familiar, debe adjuntar copias de los siguientes documentos de todas las personas que van a ser agregadas:**

- a. Tarjeta de Seguro Social (SS)
- b. Registro de Nacimiento
- c. Identificación con foto de las personas de 18 años o mayores
- d. Certificado de Matrimonio (si aplica)
- e. Certificado de Custodia Legal de todos los niños no biológicos
- f. Prueba de las entradas totales del hogar, incluyendo el nombre y la dirección del empleador
- g. Copias impresas de TANF (Asistencia Temporal para Familias Necesitadas), Seguro Social o Seguridad de Ingreso Suplementario (SSI) y del Sostentamiento de Menores
- h. Comprobación del Proveedor del Cuidado Infantil en el Hogar (de todos los niños menores de 13 años)
- i. Comprobación de empleo en papel membretado del empleador ó 4-6 comprobantes de pago

**2. Si está solicitando que se saque a algún miembro de su hogar, debe adjuntar lo siguiente:**

- a. Una declaración que provea la información de la nueva dirección del miembro del hogar que se va a sacar.

**3. Llene y devuelva todos los formularios adjuntos:**

- a. Certificado de Antecedentes Penales
- b. Autorización para Divulgar Información
- c. Declaración (indicando el cambio que está solicitando)
- d. Ciudadanía (Sección 214)
- e. Autorización del Propietario

**EL NO ENVIAR LA DOCUMENTACIÓN REQUERIDA PUEDE RETRASAR SU SOLICITUD PARA AGREGAR O SACAR A ALGÚN MIEMBRO DE SU HOGAR.**

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



San Antonio Housing Authority  
818 S. Flores • P.O. Box 1300  
San Antonio, TX 78295  
Phone (210) 477-6205

www.saha.org

**CHANGE OF FAMILY COMPOSITION – ADD A NEW MEMBER**

**PLEASE COMPLETE THIS FORM AND SUBMIT TO THE HOUSING AUTHORITY BEFORE PERMITTING ANYONE TO MOVE INTO YOUR HOUSING UNIT**

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

SSN: \_\_\_\_\_ Home# \_\_\_\_\_ Work/Cell# \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**PLEASE NOTE: ALL PARTICIPANTS MUST REPORT ANY CHANGES IN FAMILY COMPOSITION OR INCOME WITHIN 10 DAYS OF THE CHANGE OCCURING**

**THE LANDLORD MUST APPROVE ANY REQUESTED CHANGE PRIOR TO SUBMITTING THIS PACKET TO THE HOUSING AUTHORITY.**

Name of Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

SSN: \_\_\_\_\_ DL/ID# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City, St, Zip: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

If not employed, list source of income and amount:

\_\_\_\_\_  
\_\_\_\_\_

BY SIGNING BELOW, I CONTEND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. I UNDERSTAND THAT GIVING FALSE OR INACCURATE INFORMATION MAY JEOPARDIZE MY ELIGIBILITY TO RECEIVE FUTURE ASSISTANCE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



CAMBIO EN LA COMPOSICIÓN FAMILIAR – AGREGAR A UN NUEVO MIEMBRO

POR FAVOR LLENE ESTE FORMULARIO Y ENVÍELO A LA AUTORIDAD DE VIVIENDA DE SAN ANTONIO ANTES DE PERMITIR QUE ALGUIEN SE MUDE A SU UNIDAD DE VIVIENDA

Cabeza de familia: \_\_\_\_\_ Fecha \_\_\_\_\_

Seguro Social: \_\_\_\_\_ Tel. Casa: \_\_\_\_\_ Tel. Trabajo/Cell: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad, Estado, Código Postal: \_\_\_\_\_

POR FAVOR TOME NOTA: TODOS LOS PARTICIPANTES DEBEN REPORTAR CUALQUIER CAMBIO EN LA COMPOSICIÓN O EN LA ENTRADA FAMILIAR DENTRO DE LOS 10 DÍAS POSTERIORES AL CAMBIO.

EL ARRENDADOR DEBE APROBAR TODAS LAS SOLICITUDES DE CAMBIO ANTES DE QUE ENVÍE ESTE PAQUETE A LA AUTORIDAD DE VIVIENDA.

Nombre de la persona: \_\_\_\_\_ Relación: \_\_\_\_\_

Seguro Social: \_\_\_\_\_ Licencia de Conducción /ID No.: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Dirección Actual: \_\_\_\_\_ Teléfono casa: \_\_\_\_\_

Ciudad, Estado, Código Postal: \_\_\_\_\_ Tel. Trabajo/Cell: \_\_\_\_\_

Nombre del Empleador: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad, Estado, Código Postal: \_\_\_\_\_

Entrada Mensual: \_\_\_\_\_

Si no está empleado, mencione la fuente de entrada y la cantidad:

AL FIRMAR ABAJO, DECLARO QUE LA INFORMACIÓN PROVISTA ES FIEL Y PRECISA. COMPRENDO QUE AL DAR INFORMACIÓN FALSA O INEXACTA PUEDO PONER EN PELIGRO MI ELEGIBILIDAD PARA RECIBIR AYUDA EN EL FUTURO.

FIRMA: \_\_\_\_\_ FECHA: \_\_\_\_\_



## Authorization to obtain Credit Report

I hereby authorize the San Antonio Housing Authority to obtain all of my criminal history records, if any, from any law enforcement agency. I understand that such records will include arrests and convictions for misdemeanors and felonies, if any, as well as any probation or parole information.

A form must be completed and signed by each household member age 18 or over.

Falsifying information constitutes program fraud under 24 CFR § 982.551(k) and may result in denial or termination of benefits.

### Section 8 Division – Applicant Or Tenant Information

Full name: \_\_\_\_\_  
Last First MI

Other names used: \_\_\_\_\_  
Maiden Other

SSN: \_\_\_\_\_ Driver's license no.: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex:  Male  Female Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Current address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

I certify that the above information is true and correct, and I authorize the San Antonio Housing Authority to obtain a copy of my credit report.

Requestor's signature \_\_\_\_\_ Date August 27, 2007

Head of household <input type="checkbox"/> Same as above? If no, list HOH name _____ HOH Address: _____ _____ _____	<div style="background-color: black; color: white; padding: 2px; font-weight: bold;">For office use only</div> HOH SSN _____ Name/Address of landlord _____ _____ _____
New applicant <input type="checkbox"/> Transfer <input type="checkbox"/> COFC <input type="checkbox"/> Housing Specialist _____	

Print two copies – one to Investigations

Rev. 08/07

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# Authorization to obtain Criminal History

I hereby authorize the San Antonio Housing Authority to obtain all of my criminal history records, if any, from any law enforcement agency. I understand that such records will include arrests and convictions for misdemeanors and felonies, if any, as well as any probation or parole information.

A form must be completed and signed by each household member age 18 or over.

Falsifying information constitutes program fraud under 24 CFR § 982.551(k) and may result in denial or termination of benefits.

### Section 8 Division – Applicant Or Participant Information

Full name: \_\_\_\_\_  
Last First MI

Other names used: \_\_\_\_\_  
Maiden Other

SSN: \_\_\_\_\_ Driver's license no.: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex:  Male  Female Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Current address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

### Please answer the following questions. Failure to respond may result in denial of the application.

Are you subject to a lifetime sex offender registration? Yes  No

Are any other members of your household subject to a lifetime sex offender registration? Yes  No

If yes, list the name of the person (s) and their date of birth:

Household Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Household Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I certify that the above information is true and correct, and I authorize the San Antonio Housing Authority to obtain a copy of my credit report and complete criminal history record.

Applicant/Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Head of household:  Same as above?  
If no, list HOH name \_\_\_\_\_  
HOH Address: \_\_\_\_\_  
\_\_\_\_\_

New applicant  Transfer  COFC

Print two copies (one for Investigations)

**For office use only**

HOH SSN: \_\_\_\_\_

Name/Address of landlord: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Housing Specialist: \_\_\_\_\_



## Autorización para Obtener Antecedentes Penales

Por medio de la presente autorizo a la Autoridad de Vivienda de San Antonio para obtener todos los registros de mis antecedentes penales, si los hay, de cualquier organismo gubernamental. Comprendo que dichos registros incluirán los arrestos o condenas por delitos no graves y crímenes graves, si los hay, al igual que toda la información sobre libertad condicional o libertad preparatoria.

Todos los miembros de familia de 18 años o mayores deben llenar y firmar un formulario.

La falsificación de la información constituye un fraude en el programa bajo 24 CFR § 982.551(k) y puede ocasionar la denegación o la finalización de los subsidios.

### División de la Sección 8 – Información del Solicitante o Arrendatario

Nombre completo: \_\_\_\_\_

Otros nombres usados: \_\_\_\_\_

No. de Seguro Social: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_

Sexo:  Masculino  Femenino Raza: \_\_\_\_\_ Etnicidad: \_\_\_\_\_

Dirección Actual: \_\_\_\_\_

Ciudad, Estado, Código Postal: \_\_\_\_\_

Teléfono de la Casa: \_\_\_\_\_ Teléfono de Trabajo: \_\_\_\_\_

**Favor de responder las siguientes preguntas. Su solicitud puede negársele si no responde las preguntas.**

¿Está usted sujeto a registrarse cómo depredador sexual de por vida? Sí  No

¿Algún otro integrante de su familia está sujeto a registrarse cómo depredador sexual de por vida?

Si su respuesta es sí proporcione el nombre(s) y su fecha de nacimiento:

Nombre del integrante de la familia: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Nombre del integrante de la familia: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Certifico que la información anterior es fiel y precisa y autorizo a la Autoridad de Vivienda de San Antonio para obtener una copia de mi historia crediticia y el registro de mis antecedentes penales.

Firma del Solicitante \_\_\_\_\_ Fecha \_\_\_\_\_

**Cabeza de Familia**  ¿Igual que la anterior?

Si no, mencione el nombre de la Cabeza de Familia \_\_\_\_\_

Dirección de la Cabeza de Familia: \_\_\_\_\_

**Para uso oficial solamente**

Seguro Social de la Cabeza de Familia \_\_\_\_\_

**Nombre y Dirección del Arrendador** \_\_\_\_\_

Solicitante Nuevo  Transferencia  Certificado de Conformidad (COFC)  Especialista de Vivienda \_\_\_\_\_



Office of Housing Assistance Programs
Declaration of Section 214 Status

Notice: To be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I \_\_\_\_\_ (name of family member) certify, under penalty of perjury (1) to the best of my knowledge, I am lawfully within the United States because (please check the appropriate item):

\_\_\_\_\_ I am a citizen, naturalized citizen or national of the United States; or

\_\_\_\_\_ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof age (2)/ or

\_\_\_\_\_ I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form

\_\_\_\_\_ Immigration status under §§101(a)(15) or 101(a)(120) of the INA 3/; or

\_\_\_\_\_ Permanent residence under §249 of INA 4/; or

\_\_\_\_\_ Refugee asylum, or conditional entry status under §§207,208 or 203 of the INA 5/; or

\_\_\_\_\_ Parole status under §§212(d)(5) of the INA 6/; or

\_\_\_\_\_ Threat to life or freedom under §243(h) of the INA 7/; or

\_\_\_\_\_ Amnesty under §245A of the INA 8/.

HA: Enter INS/SAVE Primary Verif# \_\_\_\_\_ Date \_\_\_\_\_

SSN# for head of household \_\_\_\_\_

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_ Check if signature of adult residing in unit is responsible for a child

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ASSISTED HOUSING PROGRAMS

STATEMENT

Name: \_\_\_\_\_

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

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

Statement (PLEASE PRINT):

Multiple horizontal lines for writing the statement.

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.

By signing below, I am certifying that the information above is true and correct. I also acknowledge that it is my responsibility to report any and all changes in the income and /or family composition of my household within ten days of the change in writing.

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

In the presence of (Signature) \_\_\_\_\_

Any individual with a disability or other medical need who requires accommodation with respect to this form should contact the San Antonio Housing Authority at (210) 477-6205.



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ASSISTED HOUSING PROGRAMS

DECLARACION

Nombre: \_\_\_\_\_

Dirección: \_\_\_\_\_

Seguro Social: \_\_\_\_\_ Numero de Teléfono: \_\_\_\_\_

Declaración (Por favor escriba en letra de molde):

Multiple horizontal lines for writing the declaration.

Advertencia: 18 U.S.C 1001 establece, otras cosas que alguna persona a sabiendas y deliberadamente elabora o escribe un documento con declaraciones falsas, ficticias o fraudulentas o ingresa sin permiso en la jurisdicción de un Departamento o una agencia de los Estados Unidos, podrá ser multada hasta por \$10,000 o encarcelada hasta por de cinco años o ambas cosas.

Al firmar adelante certifico que la información anterior es exacta y correcta. También reconozco que es mi responsabilidad reportar todos los cambios en las entradas o de la composición mi familia en los 10 días posteriores al cambio por escrito.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

En presencia de (Firma) \_\_\_\_\_

Cualquier individuo con alguna incapacidad u otra necesidad médica que requiera algún acuerdo con respecto a este formulario, deberá contactar al la Autoridad de Vivienda de San Antonio en al Tel. (210) 477-6205.

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San Antonio Housing Authority  
818 S. Flores • P.O. Box 1300  
San Antonio, TX 78295  
Phone (210) 477-6205

www.saha.org

**CHANGE OF FAMILY COMPOSITION**  
**OWNER/LANDLORD ACKNOWLEDGMENT**

Participant Name: \_\_\_\_\_

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

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

City, State, Zip \_\_\_\_\_

YOUR TENANT HAS ADVISED THE SAN ANTONIO HOUSING AUTHORITY THAT THEY WISH TO MAKE A CHANGE IN THEIR CURRENT FAMILY COMPOSITION BY ADDING THE FOLLOWING PERSON TO THEIR LEASE/APPLICATION:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

In order for this change to be valid, the Tenant must obtain written approval from you, their landlord. Please indicate your decision below:

\_\_\_\_\_ YES, I agree to the addition of the above named person in my rental unit.

\_\_\_\_\_ NO, I do not agree to the addition of the above person in my rental unit.

Printed Name of Owner/Landlord: \_\_\_\_\_

Address of Owner/Landlord: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature of Owner/Landlord: \_\_\_\_\_ Date: \_\_\_\_\_



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ASSISTED HOUSING PROGRAMS

**CAMBIO EN LA COMPOSICIÓN FAMILIAR**  
**AUTORIZACIÓN DEL PROPIETARIO/ARRENDADOR**

Nombre del Participante: \_\_\_\_\_

Número de Seguro Social: \_\_\_\_\_

Dirección del Participante: \_\_\_\_\_

Ciudad, Estado, Código Postal: \_\_\_\_\_

SU ARRENDADOR LE HA INFORMADO A LA AUTORIDAD DE VIVIENDA DE SAN ANTONIO QUE ÉL/ELLA DESEA HACER UN CAMBIO EN LA COMPOSICIÓN FAMILIAR ACTUAL, AGREGANDO A LA PERSONA SIGUIENTE EN SU CONTRATO DE ARRENDAMIENTO O SOLICITUD:

Nombre: \_\_\_\_\_

Relación: \_\_\_\_\_

Para que este cambio sea válido, el Arrendador debe obtener una aprobación por escrito de su parte, (el arrendatario).

Por favor indique su decisión en los espacios siguientes:

\_\_\_\_\_ SÍ, estoy de acuerdo con la adición de la persona mencionada arriba a mi unidad de vivienda.

\_\_\_\_\_ NO, no estoy de acuerdo con la adición de la persona mencionada arriba a mi unidad de vivienda.

Nombre del Propietario/Arrendador  
Escriba en letra de molde: \_\_\_\_\_

Dirección del Propietario/Arrendador: \_\_\_\_\_

Ciudad, Estado, Código Postal: \_\_\_\_\_

Firma del Propietario/Arrendador: \_\_\_\_\_ Fecha: \_\_\_\_\_



## Verification of Citizenship

<b>RE:</b>	
Participant Name	SSN
Head of Household	HOH SSN Last 4
Street Address	
<b>File Status</b>	
INS/SAVE Primary Verification #	

**Notice: To be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return it to the San Antonio Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.**

I \_\_\_\_\_ (name of family member) certify, under penalty of perjury (1) to the best of my knowledge, I am lawfully within the United States because (please check the appropriate item below)

- ( ) I am a citizen by birth, a naturalized citizen or national of the United States; or
- ( ) I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (2)/ or
- ( ) I have eligible immigration status as checked below. Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigration status under §§101(a)(15) or 101(a)(120) of the INA 3/; or
  - Permanent residence under §249 of INA 4/; or
  - Refugee asylum, or conditional entry status under §207,208 or 203 of the INA 5/; or
  - Parole status under §212(d)(5) of the INA 6/; or
  - Threat to life or freedom under §243(h) of the INA 7/; or
  - Amnesty under §245A of the INA 8/.

**If none of the above applies, please complete the section below.**

- ( ) I certify that the following individuals are not U.S. Citizens and are not claiming eligible immigrant status for purposes of housing assistance.

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSN (if applicable) \_\_\_\_\_

### Applicant/Participant Release

### Applicant/Participant

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

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return verification by mail: SAHA - AHP, PO Box 29, San Antonio, TX 78291**