

YUROK INDIAN HOUSING AUTHORITY



15540 Hwy 101 N. Klamath, CA 95548(707) 482-1506 or (800) 281-4749 Fax: (707) 482-3117

REQUEST TO ADJUST FAMILY COMPOSITION

Head of Household: _____ Date: _____

Address: _____

SIZE OF HOME
Bedrooms: _____
Bathrooms: _____
Other: _____

Please list all persons currently living in your home:

NAME	DATE OF BIRTH	AGE	SOCIAL SECURITY NUMBER	GENDER	RELATIONSHIP
Person(s) to Add/Remove	DATE OF BIRTH	AGE		GENDER	RELATIONSHIP

Has person(s) ever been convicted of a Felony? _____

Briefly describe reason for request.

If you are requesting to add a person(s) to your lease please attach copies of the following items with your request.

- Release of Information**
- Social Security card (s)**
- Income Verification**

NOTICE: In order for Yurok Indian Housing Authority (YIHA) to determine your eligibility for any requests, all documentation and information required must be completed and returned to YIHA.

I hereby swear and attest that all of the information provided on this application is true and correct. I understand that this is not a contract and does not bind either party. If any information is found to be false or misleading, I understand that I will be disqualified from the program or other actions may be taken against me. I also understand that this program is federally funded through the United States Department of Housing and Urban Development.

Giving True and Complete Information

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions, is accurate and complete to the best of my knowledge. I have reviewed the application form and the HUD form "Things You Should Know" and certify that the information on my/our application form is true and correct.

Cooperation

I know that I am required to cooperate in supplying all information needed to determine my eligibility. I understand failure or refusal to do so may result in delays or termination of this case for eligibility determination.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and is grounds for termination from the program.

Signature and Date of All Household Adults

Signature Date: _____

Signature Date: _____

Signature Date: _____

Signature Date: _____

