



Davis Community Housing Authority

Telephones
North: (801) 546-6142 South: (801) 451-2587
FAX: (801) 451-6484 TDD #711
E-Mail: dcha@xmission.com

Additional Household Member

Name of Head of Household: _____

Mailing address: _____

_____ City State Zip

Phone Number: _____

Social Security of Head of Household: _____

New Household Member

Full Name	Birthday	Age	Social Security Number	Gender (M/F)

This information is requested by HUD for statistical data
There is no penalty for persons who do not answer the following 2 questions.

1. ___ Hispanic or Latino ___ Non-Hispanic or Latino
2. ___ White ___ Black/African American ___ American Indian or Alaskan Native
___ Asian ___ Pacific Islander or Native Hawaiian ___ Other

What is the relationship of the new household member(s) to the head of the household?

352 South 200 West, Suite #1 • P.O. Box 328 • Farmington, Utah 84025



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Citizenship

In accordance with the Department of Housing and Urban Development (HUD), this must be completed for the new member of the household.

A: United States Citizen(s)

B: Non-Citizen with eligible immigration status

C: Non-Citizen without eligible immigration status

Name	Birthplace (country, city, state)	A	B	C

Criminal History

Has the new household member(s) ever been convicted of a felony or misdemeanor?
___ Yes ___ No If yes, what is the date of conviction, location, and offense?

Has the new household member(s) been arrested or convicted for the use, manufacture, or distribution of controlled substances (drugs)?

Yes No

If yes, when and for what? _____

Has the new household member(s) ever been convicted of sale, distribution and/or possession of illegal drugs? ___ Yes ___ No

If yes, where and what was the date of conviction? _____

Has the new household member(s) have a pending court action for any type of offense?

___ Yes ___ No If yes, where? _____

Has the new household member(s) ever been convicted of a felony, misdemeanor, or arrest for violent activity? ___ Yes ___ No

If yes, when and for what? _____

If new household member(s) is over 18 years of age, DCHA must have a driver's license number or state id number.

Print Name	Driver's License #	Issuing State	Expiration

I declare under the penalty of perjury that I or we are giving true and accurate information on every member of our household whether he or she is a U.S. citizen, noncitizen, with eligible immigration status, or non-citizen without eligible immigration status.

WARNING! Title, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction termination, of assistance. I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Signature of Head of Household

Date

Signature of Household member 18 + years

Date

Signature of Household member 18 + years

Date