

# HOUSING AUTHORITY OF THE TOWN OF ENFIELD

1 Pearson Way, Enfield, Connecticut 06082

(860) 745-7493 FAX (860) 741-8439

TDD/TTY (800) 545-1833 Ext 849



## REQUEST FOR ADDITION TO HOUSEHOLD

It is a family obligation that Head of Household must request approval from the Housing Authority to add additional members to the household before they can move into the unit. Please complete and submit this form to the Section 8 Office before permitting anyone to move into your housing unit.

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

HEAD OF HOUSEHOLD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

I would like to request approval for the following person to move into my household.

NAME OF PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ HOW LONG AT THIS ADDRESS? \_\_\_\_\_

RELATION \_\_\_\_\_

SOURCE AND AMOUNT OF ALL INCOME RECEIVED BY THIS PERSON:

\_\_\_\_\_

**(proof of income, birth certificate, social security card, photo ID & citizenship declaration required for individual being considered for addition to the household )**

*The Enfield Housing Authority provides equal opportunity to participate in our housing programs. Any disabled individual requiring a reasonable accommodation to fully utilize the housing programs and related services may request such by contacting Colin Hoppie, Portfolio Director, at (860) 745-7493 ext. 202*

*An Affirmative Action/Equal Opportunity Employer  
Equal Housing Opportunity*

