

**Arlington Housing Authority  
4 Winslow Street  
Arlington, MA 02474-3062**

**TENANT REQUEST TO ADD HOUSEHOLD MEMBER**

I, \_\_\_\_\_ OF \_\_\_\_\_  
*head of Household* *Address of Unit*

REQUEST THAT \_\_\_\_\_ OF \_\_\_\_\_  
*Name of Person to be Added*

\_\_\_\_\_  
*Address* *City* *State Zip*

\_\_\_\_\_  
*Date of Birth* *Social Security Number*

BE ADDED TO MY LEASE FOR THE HOUSING CHOICE VOUCHER PROGRAM.

Contingent upon the approval of your landlord and the CRIMINAL OFFENDERS RECORD INFORMATION (ADULTS ONLY).

Please attach copies of **Birth Certificate, Social Security Card and Photo Identification** of person requested to be added and return to the Arlington Housing Authority as soon as possible.

\_\_\_\_\_  
**TENANT'S SIGNATURE** **DATE**

\_\_\_\_\_  
**AHA STAFF'S SIGNATURE** **DATE**