

HOUSING AUTHORITY of the CITY OF HAMMOND

HOUSING CHOICE VOUCHER DEPARTMENT

1402 – 173RD STREET

HAMMOND, INDIANA 46324

PHONE (219) 989-3265

HEARING IMPAIRED – RELAY INDIANA (800) 743-3333

HHA PRIOR WRITTEN APPROVAL TO ADD ADDITIONAL HOUSEHOLD MEMBER

I, _____, agree to and understand the following:

- * Information I provide to the Hammond Housing Authority must be true and complete.
- * The household members I have reported to Hammond Housing Authority will be the only people residing in my assisted unit.
- * I understand that I cannot add any additional household member(s) in the first twelve (12) months of receiving Housing Assistance.
- * I understand that ALL changes must be reported to the Hammond Housing Authority within ten (10) days from the date of the change.
- * I understand that I must follow the Family Obligations / Grounds for Termination in order to remain on the Housing Choice Voucher Program.
- * I understand that if it is found that anyone is residing in my assisted unit, my assistance **WILL** be terminated.

I understand that this agreement will remain in effect for the entire time I am receiving housing assistance from the Hammond Housing Authority.

I understand that if I violate any of the above, my assistance will be terminated.

Applicant

Date

HHA Representative

Date