

Request to Add a Child

Program Requirements:

- Notify Home Forward within 10 working days of the birth, legal adoption, court-awarded custody or legal guardianship of a child.
- Request Home Forward approval to add foster children to the household.

Instructions:

- Please return this form with the documents listed below.
- All adults in the household are required to sign and date all forms.

Head of Household Name:

Last 4 digits of SSN:

Current Address:

Current Phone:

Email Address:

Name of Child:

Date of Birth:

Child by: Birth Adoption Custody/Guardianship Foster Placement

Do you have: Full custody Shared custody
If shared custody, is the child in your home more than 50% of the time? Yes No

Race: White Black/African American Asian American Indian/Alaska Native Native Hawaiian/Pacific Islander

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino **Gender:** M F X **Does the child have a disability?**
Yes No

Child's Income: TANF Child Support SSI/SSB Foster Care/Adoption Payments
Other (please specify): _____
No income

Please attach the following items when returning this form to Home Forward:

- Copy of birth record/birth certificate
- Copy of social security card **or** verification of name and SSN by Social Security Administration, **or** document issued by a federal, state, **or** local government agency with name and full SSN.
- Verification of income associated with child (verification of TANF is not required)
- Documentation of adoption/foster care, if applicable
- Documentation of custody/guardianship, if applicable
- Certification of Citizenship Status* form

Participant Certification

I/we do hereby swear and attest that all the information reported on this form about the household and me is true and complete. I/we understand that Home Forward is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information, or failure to disclose information requested, may be grounds for termination of assistance and is punishable under Federal law.

WARNING: Title 18, 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.

Signature of Head of Household

Date

Signature of Spouse/Co-head

Date

Signature of Other Adult

Date

Signature of Other Adult

Date



Rent Assistance Department
 135 SW Ash Street
 Portland OR 97204-3540
 (503)802-8333 Fax # (503)802-8589
 TTY # (503)802-8554
 www.homeforward.org



Certification of Citizenship Status

Home Forward requires information about citizenship and immigration status of each person in your household. This information will be released by Home Forward to:
 1) Housing and Urban Development (HUD), as required; and 2) United States Citizenship and Immigration Services (USCIS) for purposes of verification. HUD may release evidence of eligible status only to USCIS for purposes of establishing eligibility for financial assistance.

Please complete the following information for **every** member of your household. **If anyone in your household does not wish to declare their immigration status, the amount of housing assistance for your family may be affected.** If anyone in your household is a non-citizen with eligible citizenship status, you must provide documentation of this status.

Under penalty of perjury, I declare that:

Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	
Name: _____	<input type="checkbox"/> Citizen	<input type="checkbox"/> Do not wish to certify status
	<input type="checkbox"/> Non-citizen with eligible status	

I/we understand that if I/we do not wish to certify our immigration status, the amount of housing assistance our family receives may be affected.

Certification

I/we do hereby swear and attest that all of the information reported on this form about my family and me is true and correct. I/we understand that Home Forward is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information or failure to disclose information requested may be grounds for termination of assistance and is punishable under Federal law.

WARNING: Title 18, 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.

X _____ Signature of Head of Household	Date	X _____ Signature of Spouse or Co-Head	Date
X _____ Signature of Other Adult	Date	X _____ Signature of Other Adult	Date