

**SARATOGA SPRINGS HOUSING AUTHORITY
ONE SOUTH FEDERAL STREET
SARATOGA SPRINGS, NEW YORK 12866**

PHONE: (518) 584-6600

FAX: (518) 583-3006

Request to add to lease

Name of Family Members	Relation to Family Head	Date of Birth	Age	Sex	Race	S.S.#

Family Member No.	Source of Income Or Name of Employer	Address	Gross income per year

I _____ of _____
(Resident's Name) (Resident's Unit Address)

am requesting to add _____ to my household.
(Applicants Name)

I understand that this form is to begin processing of adding the above to my lease. The process includes conducting a thorough criminal background check and requires the applicant to provide references. We will notify you in writing whether this applicant has been approved or not approved to be added to your lease.

As a reminder, in accordance with your lease, residents are allowed guests for a total of 10 days for the year. Therefore the applicant should not be residing in the apartment until the housing authority reaches its decision on the application. If the individual has been found to be residing in your apartment (for more than the 10-day visitation period) while the Housing Authority is fulfilling the application background process, you will be in serious violation of your lease. This may result in eviction proceedings and could potentially involve criminal proceedings as well. Your housing subsidy is determined based on the income of all approved household members so it is imperative that you comply with your lease during this period.

Tenant Signature: _____

Dated: _____

Executive Director: Paul Feldman
Legal Counsel: Scott Peterson

Board of Commissioners:
Ann Bullock
Eric Weller

Joanne Foresta - Chairman
Susan Christopher
Olivine Wescott

Lucile Lucas - Co Chairman
Joy King

Reasonable Accommodation Statement: Pursuant to the Fair Housing Act (42U.S.C. 3601-3619), if you are a federally funded assisted housing program applicant or resident with a disability, you may request an exception, change or adjustment to a rule, policy, practice or service that may be necessary to afford you an equal opportunity to participate in the program.