



*Massachusetts Department of Housing and Community Development
Division of Housing Stabilization*

**Request to Add Proposed Additional Adult Household Member to
Household Receiving Emergency Assistance (EA) Temporary
Emergency Shelter Benefits**

Date: _____

Name(s) of Adult(s) currently in EA Household: _____

Current EA Household Shelter Placement: _____

Name of Proposed Additional Adult Household Member(s) (PAAHM) sought to be added to EA Household: _____

Most Recent Address of PAAHM: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Where can PAAHM receive mail, if not the same as above:

City: _____ State: _____ Zip Code: _____

Phone Number: _____

PAAHM Emergency Contact Information: _____

Relationship of PAAHM to Any Current Members of the EA Household:

Please describe how the PAAHM assists with care for critical medical needs of children in the EA Household:

Has the PAAHM ever resided with any current member of the EA Household? If so, when, where, and for how long?

Please describe the current employment status of the PAAHM and his/her/their employment history for the past 5 years.

Please describe the most recent permanent housing occupied by the PAAHM and provide a 5-year housing history of permanent and long-term temporary accommodations. If not currently residing in permanent housing, please describe current accommodations and why the PAAHM left permanent housing.

Please describe the highest level of education completed by the PAAHM and any current educational programs in which the PAAHM is enrolled.

Has the PAAHM (a) (i) acknowledged paternity/maternity of any minor member of the EA Household, or (ii) legally adopted any minor member of the EA household, and (b) agreed to meet all support obligations? If so, please provide documentation.

Does the PAAHM have any assets, such as money in the bank (including IRA, 401K) or in hand, a car, or any other object of value? If so, what, and what is the value of the asset(s)?

Please provide a 5-year criminal history of the PAAHM. Include only convictions, guilty pleas, continuances without a finding, and admissions to sufficient facts, whether in or outside Massachusetts. Please complete a Department of Housing and Community Development (DHCD) Criminal Offender Record Information (CORI) release form and submit it together with this application.

Please provide a 5-year history of any orders entered against the PAAHM due to domestic violence, civil rights violations, or "no trespass" violations.

Please provide any other information about the PAAHM that may be helpful to DHCD in determining whether to permit the addition of the PAAHM to the EA Household.

In addition to this form, the PAAHM should fill out the standard intake forms to see if he/she would be otherwise eligible for EA shelter benefits and to determine whether there has been any domestic violence or criminal history disclosed in the record of the current EA household that might affect the PAAHM's placement.

We certify under penalty of perjury that the information given in this application is true to the best of our knowledge. We understand that we are required to verify the information we provided above. By signing this form, we give permission to DHCD to contact local and/or regional housing authorities, other government agencies, family, friends, schools, medical providers, financial institutions, and/or employers, past and present, and give permission to the above to share information with the DHCD that is necessary for DHCD to process this request to add the PAAHM to a Household receiving EA shelter benefits.

We understand that DHCD retains complete discretion as to the placement of additional adult household members in an EA Household and may, at any time require an additional adult household member to leave EA-provided shelter. We further understand that the primary criteria used by DHCD in determining whether to add a PAAHM to an EA Household are the ability of the PAAHM to assist the EA Household in locating and retaining permanent housing or the ability of the PAAHM to assist with care for critical medical needs of children in the EA Household.

We understand that it is DHCD policy to use the Sex Offender Registry to determine if any member of an EA Household, age 10 or older, including the PAAHM, is a registered sex offender.

We understand that if DHCD approves the PAAHM to join the EA Household based on the above statements and the PAAHM is then found ineligible, or violates one of the requirements for receiving EA benefits, the EA benefits of the EA Household may be terminated and the Household will be ineligible to receive further EA benefits for 12 months from the Household's last day in shelter.

Signature of Client (Head of EA Household)
Date: _____

Homeless Coordinator's Signature
Date: _____

Signature(s) of Any Current Additional Adult Household Member(s)
Date: _____

Proposed Additional Household Member's Signature
Date: _____

Original to Client Record — Copies to Client, PAAHM, Shelter