



Housing Authority of the County of Stanislaus

(209) 557-2000
P.O. Box 581918
1701 Robertson Rd.
Modesto, CA 95358-0033

Date: _____

Tenant ID#: _____

Eligibility Worker: _____

Tenant: _____

Dear Landlord:

The above-referenced tenant recently submitted a "change report" requesting to add the following person(s) to their household.

Name: _____

Relation to Tenant: _____

In order to proceed with this request, the Housing Authority must verify this person's eligibility to be added as a household member under the program and also have confirmation that you have authorized this person to reside in your rental unit.

Please complete the bottom portion of this notice and return the original by _____. We recommend you make a copy for your records.

_____ I authorize the above-named proposed occupant to reside in my rental unit

_____ I do not authorize the above-named proposed occupant to reside in my rental unit.

PRINT NAME

SIGNATURE

DATE

If the proposed occupant is determined eligible to be considered a household member, you will receive a "Amendment to the HAP Contract" showing the new household member has been added. We strongly recommend you have your tenant sign a "Lease Amendment" adding this new household member to the lease. If you have any questions please contact the Housing Authority's Section 8 Department at (209) 557-2000.

Sincerely,
Housing Authority of the
County of Stanislaus

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