



REQUEST TO ADD A MEMBER

Head of Household: _____

I am requesting that Metro Housing|Boston approve the following individual as a member of my household:

Name: _____

Relationship: _____

Current address: _____

Please check if the following applies:

☐ I am requesting to add the above member **only if I relocate to a new unit**. If I stay in my current unit, please do not add the above member to my household.

I do hereby swear and attest that all of the information provided on this form is true and accurate. I understand that under federal law it is considered a felony to knowingly and willingly make a false or fraudulent statement as a participant in a federal rental assistance program.

Signature of Head of Household: _____ Date: _____

**YOU MAY NOT ALLOW ANYONE TO MOVE INTO YOUR UNIT UNTIL YOU RECEIVE
CONFIRMATION THAT THE ADDITION TO YOUR HOUSEHOLD HAS BEEN
APPROVED.**

**UNDER YOUR LEASE, THE PROPERTY OWNER MUST PROVIDE CONSENT TO THE
REQUESTED ADDITION PRIOR TO YOUR SUBMITTING THIS FORM TO METRO
HOUSING BOSTON.**

Name of Property Owner: _____

Address: _____

Phone #: _____

1411 Tremont Street, Boston, MA 02120-3401

Phone 617-859-0400 | Toll-Free 800-272-0990 | info@MetroHousingBoston.org | MetroHousingBoston.org



Signature of Property Owner: _____ Date: _____

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