



Pocahontas Housing Authority
Income based housing

Pocahontas Housing Authority Inc.
1320 Dalton Street
Pocahontas, AR 72455
Phone (870) 892-9278
Fax (870)892-1241

MEMBER IN FORM

Please be advised that the following person has moved in or intends to move into my household

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

This person has moved in, or intends to move in, as of the following date: _____

Please process an interim recertification to account for this additional household member. I understand and acknowledge the following:

1. Management will recalculate household rent to account for the additional person named above; and
2. Management will evaluate whether my household is still large enough to legally accommodate the additional person. If the additional person qualifies for a unit that is specially designed to accommodate a disability possessed by the new household member, management will evaluate whether the household is still eligible to occupy the same unit or must be transferred to a unit designed to accommodate the particular disability. As a result of the evaluation, management may require the household to move to a different unit at the site in which a unit first comes available; finally
3. The person must be able to pass a background check and meet the criteria of our lease and rules and regulations. I understand that if this person does not pass the background check they will be asked to leave and cannot stay in my apartment.

HEAD OF HOUSEHOLD SIGNATURE: _____

DATE: _____ ADDRESS: _____

RECEIVED BY: _____

DATE: _____