



Section 8 Guest Request Form

Name of Head of Household: _____ Client #: _____

Address: _____

Phone: _____

Email: _____

Full Name of guest(s): _____

Visit starting: _____

Visit ending: _____

Are you trying to add this person/people to the assisted household?

No

Yes (NOTE: A separate Request to Add Member to Household Form must be submitted)

Reason for the visit: _____

Per the Section 8 Administrative Plan (section 16.4), anyone not approved to be part of the household who is in the unit more than 30 consecutive days or a total of 30 days in a 12-month period will be considered to be living in the unit as an unauthorized household member. You may request approval of a guest for up to 90 days and the written request should be submitted prior to the guest's arrival. Failure to obtain approval prior to a visit may result in the termination of housing assistance.

After submission of this form, you will receive a letter from the RHA approving/denying your request. If the guest(s) above do not leave on the specified date, you must submit a request for additional time.

By typing my full name below, I am certifying the information on this form and stating I understand my obligations regarding visitors to my household.

E-Signature: _____

Date: _____