

ISLE DE JEAN CHARLES (IDJC) RESETTLEMENT
 OPTIONAL RELOCATION ASSISTANCE PROGRAM
 HOUSEHOLD EXPANSION FORM

Head of Household: _____

List all person(s) whom you wish to add to your household unit.

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security #

Please explain why you wish to add additional person(s) to your household.

Is the additional household member(s) a current, permanent, primary resident(s) of Isle de Jean Charles?

yes no

Current Address: _____

Was the additional household member(s) a permanent, primary resident of Isle de Jean Charles after August 28, 2012, but is no longer a resident? yes no

I, _____ understand that any misrepresentation of the information provided in this document may be cause for legal action, collection activity, eviction, and/or immediate termination from the IDJC Resettlement Optional Relocation Assistance Program.

 Tenant

 LHA Representative

 Date

 Date

LHA will determine if a larger unit will be provided based on HUD Occupancy Guidelines and the information provided on this form.