



# IRONTON METROPOLITAN HOUSING AUTHORITY

720 Washington St., Ironton, OH 45638 Ph: 740-532-8658 Fax: 740-532-6990

## INSTRUCTIONS FOR ADDING A PERSON TO LEASE

The following information must be received by IMHA no later than  
(3days from date of request) \_\_\_\_\_

1. Provide verification of income.
2. Copy of birth certificate, social security card, and photo ID.
3. Provide proper mailing address
4. Current background check
5. Sign all required forms provided by IMHA if applicable

All forms must be completed in full and provided to IMHA by the date designated

Present Head of Household \_\_\_\_\_

Name of additional Person \_\_\_\_\_

Additional Person Date of Birth \_\_\_\_\_ and Soc. Sec # \_\_\_\_\_

Mailing address; \_\_\_\_\_



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## REQUEST FOR ADDITION OF ANOTHER PERSON TO LEASE

### **YOUR CURRENT LEASE WITH IMHA (CHAPTER 9, SECTION C)**

**“Request for the addition of a new member of the household must be approved by IMHA, prior to the actual move -in by the proposed new member”.**

**Therefore; any additional persons who shall occupy the Premises except for natural births, require the advanced written approval of the IMHA. Such approval shall be granted only if the new member is approved by the IMHA and a unit of appropriate size is available.**

**If Tenant violates this provision, or the provision in (Chapter 9, Section C, subsections 2,3,4,5), the IMHA shall have the right to terminate the Lease and obtain possession of the Premises pursuant to available legal remedies.**

**The additional person is not on the lease unless you receive approval and may not move in the apartment or stay there until approval is received from IMHA.**

### THE FOLLOWING MUST BE COMPLETED BY HEAD OF HOUSEHOLD

I am requesting permission to add \_\_\_\_\_ to my lease which I presently have with the Ironton Metropolitan housing Authority.

My current lease is for address \_\_\_\_\_ and has \_\_\_\_\_ bedrooms. Total current household members are \_\_\_\_\_.

Relationship to the person I wish to add to my lease is \_\_\_\_\_.

\_\_\_\_\_  
Head of Household Signature \_\_\_\_\_ Date \_\_\_\_\_