



1420 Fuller Ave. SE | Grand Rapids, MI 49507

(616) 235-2600 | www.grhousing.org

### Move In Approval Request

Tenant's Name: \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_

**Please provide information on the person to be added:** (1 person per form)

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age \_\_\_\_\_ Are you a US citizen?  Yes  No

Birthplace: \_\_\_\_\_ Relationship: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

Date to be added or move-in date: \_\_\_\_\_

By signing below, I am authorizing the Grand Rapids Housing Commission to check my credit, citizenship status, and criminal history. I understand that providing false information or failing to provide required information can result in the denial to be added.

I understand that no person in my household may be involved in/or have a history of violent crime or drug related crime within the past 3 years.

If police reports indicate such criminal history in regards to the above mentioned person(s), the Move-In Approval Request will be denied. If this person(s) moves in without approval, the Section 8 Assistance will be terminated.

\_\_\_\_\_  
Signature of Head of Household      Date      Signature of person to be added      Date

#### Checklist

	Coordinator Initials	Date
CHECK EIV-Existing tenant search	_____	_____
Proof of Income	_____	_____
SS card	_____	_____
Birth Certificate	_____	_____
Photo ID	_____	_____
Citizenship Papers Signed	_____	_____
-If non-citizen-SAVE system date	_____	_____
Criminal History Review form	_____	_____