



Mansfield
MHA
 Housing Authority

Equal Housing
 Opportunity

APPLICATION FOR CONTINUED OCCUPANCY

 Family Head

 Email Address

 Address

 Housing Authority Contact

 Telephone No.

STATEMENT OF FAMILY COMPOSITION AND INCOME

List all persons presently living in your unit: Use the back of this sheet if necessary)

Name	Social Security	Date of Birth	Age	Sex	Relationship to Head

List all persons who moved out during the past 12 months (include deaths, marriages, permanent placement in a nursing home, etc.)

Full Name	Relationship	Out	Date	Reason



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Fill in the all household members who are working:

Worker	Employer's Name & Address	Dates Worked		Pay Rates	
1.		From:	To:	\$	Per
2.		From:	To:	\$	Per
3.		From:	To:	\$	Per
4.		From:	To:	\$	Per

If you or any person in your unit receives income from any of the following sources check the source(s) and fill in the blanks.

- Welfare Assistance
 Retirement/Pension
 Supplemental Security Income (SSI)
 Unemployment
 Child Support
 VA Benefits
 Social Security
 Other

Received by (Name)	Received From (Source)	Amount
		\$ Per
		\$ Per
		\$ Per
		\$ Per

Do you or any member of your family have the following assets?

Savings/Checking Account (give name of bank) attach bank statement	Stocks or Bonds (List by company)	Cash Value of Insurance Policy	Property

**** ALL REPORTED INCOME MUST BE DOCUMENTED**

I/We certify that the information given to the Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/We also understand that giving false statements or information can be grounds for termination of housing.

 HEAD SIGNATURE DATE SPOUSE SIGNATURE DATE