Lessee _____ Unit No. _____

Project Address _____ Project No. _____

Date of Reexam.: Current _____ Previous _____

Date of Admission _____ Displaced by Urban Renewal

NAME AND ADDRESS OF LOCAL HOUSING AUTHORITY — or Low-Rent Project No. _____ Date Moved _____

APPLICATION FOR CONTINUED OCCUPANCY

I. FAMILY COMPOSITION:

A. Family Members Residing in the Dwelling Unit:

1. Fam. Member No.	2. Name of Each Person in Dwelling and Birth Date of Family Members Not Previously Listed	3. Relation to Family Head	4. Age	5. Sex	6. Occupation
1		Head			
2					
3					
4					
5					
6					
7					
8					
9					
10					

B. Anticipated Changes in Family Composition _____

C. Disabled, Handicapped, Veteran and Service Data:

1. Member disabled _____ Nature and extent of disability _____
2. Member handicapped _____ Nature and extent of handicap _____
3. Member who has been or is in military service _____
Period of service: From _____ to _____

II. INCOME:

A. Total Income:

1. Fam. Member No.	2. (a) Past 12 Months (1) Source, Type, and Rate	2. (a) Past 12 Months (2) Amt.	2. (b) Next 12 Months (1) Source, Type, and Rate	2. (b) Next 12 Months (2) Amt.	2. Anticipated annual income:
		$		$	$
		$		$	$
		$		$	$
		$		$	$
		$		$	$
3. Total family income		$		$	$

B. Deductions:

1. Fam. Member No.	2. (a) Past 12 Months (1) Type and Source	2. (a) Past 12 Months (2) Amt.	2. (b) Next 12 Months (1) Type and Source	2. (b) Next 12 Months (2) Amt.	3. Anticipated annual deductions and exemptions: a. Eligibility	b. Rent
		$		$	$	$
		$		$	$	$
		$		$	$	$
		$		$	$	$
		$		$	$	$
		$		$	$	$

C. Exemptions:

1. Minors without income	$	$
2. Income of minors	$	$
3. Adults without income	$	$
4. Income of adults	$	$
5. U.S. disability or death benefits	$	$
6. Other (*Specify*)	$	$
	$	$
Total Deductions and Exemptions	$	$
D. Income for Continued Occupancy Eligibility	$	
E. Applicable Income Limit for Continued Occupancy	$	
F. Income for Rent		$
G. Appropriate Rent	Gross $	
	Contract $	

IV. LOCAL AUTHORITY DETERMINATIONS:

A. Family Composition:

1. Eligible Yes ☐ No ☐
2. Elderly Yes ☐ No ☐
   (a) Age Yes ☐ No ☐
   (b) Disabled Yes ☐ No ☐
   (c) Handicapped Yes ☐ No ☐
3. Vet. or Serviceman Yes ☐ No ☐
4. Unit size _____ BR

B. Income:

1. Eligible: Yes ☐ No ☐

III. NET ASSETS:

A. Type _____

B. Estimated Value $ _____

The information given is true and complete to the best of my knowledge. I have no objection to inquiries for the purpose of verification.

Tenant _____ Date _____

Interviewed by _____

IV. DETERMINATIONS (Cont.)

C. Net Assets:

1. Amount $ _____

2. Eligible: Yes ☐ No ☐

V. RESULTS OF REEXAMINATION:

A. Action Required (Leave Blank If No Action Is Required):	Action Completed
1. Change unit size from _____ BR to _____ BR	
2. Change rent from $ _____ to $ _____ on _____	
3. Issue notice to vacate by _____ Reason _____	
4. Execute new lease on _____ Reason _____	
5. _____	
6. _____	
Approved by _____	
Date _____	

B. Certification:

On the basis of the determinations set forth above, the family has been found to be:

Eligible for continued occupancy ☐

Ineligible for continued occupancy ☐

Signed _____ Title _____ Date _____

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