



Application for Continued Occupancy

Please enter all the required information below. Please provide the supporting documentation described in each section.

THIS FORM MUST BE COMPLETED BY THE HEAD OF HOUSEHOLD.

The Head of Household is responsible for all information reported on behalf of household members.

Name of Head of Household: _____

Street Address: _____

Phone Number: _____ Email Address: _____ Preferred Language: _____

Household Composition – List everyone who currently lives or will live in your household.

Note: You may add a household member due to birth, adoption, or court-ordered custody. Other additions are subject to MHA approval.

First & Last Name	Full-Time Student	Sex (M, F)	Relation to Head	Ethnicity (Select one)	Race*	Disabled
1.	☐		Head	(Select One)	(Sel	Y ☐ N ☐
2.	☐			(Select One)	(Sel	Y ☐ N ☐
3.	☐			(Select One)	(Sel	Y ☐ N ☐
4.	☐			(Select One)	(Sel	Y ☐ N ☐
5.	☐			(Select One)	(Sel	Y ☐ N ☐
6.	☐			(Select One)	(Sel	Y ☐ N ☐

* Code for Race: 1-White; 2-African American; 3-American Indian; 4-Asian; 5-Hawaiian/South Pacific

Has any household member ever been arrested and/or convicted of a crime (other than a traffic violation)? If yes, please explain:

Yes ☐ No ☐

Are you or any member of your household subject to a lifetime registration requirement under any state or federal sex offender registration program?

Yes ☐ No ☐

If yes, indicate name of household member(s):

Has any household member ever been convicted of the manufacture or production of methamphetamine on the premises of Federally-assisted housing? If yes, please explain:

Yes ☐ No ☐

Has any household member ever been evicted from public housing due to violent or drug-related criminal activity? If yes, please explain:

Yes ☐ No ☐

Has any household member ever been evicted due to alcohol abuse which threatened the health, safety, or right to peaceful enjoyment of the premises by other residents or neighbors in the vicinity of your residence?

If yes, please explain:

Yes ☐ No ☐