



# Attleboro Housing Authority

80 South Ave., Attleboro, MA 02703 p (508) 222-0151 f (508) 222-4389

## Continued Occupancy Form

Date: \_\_\_\_\_

Request for Interim adjustment:  Change of Income  Change in Household Composition

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

List all household members:

Name	Relationship	Birth Date	Social Security #	Occupation/School

### Income Information:

*These questions apply to you and all household members.*

Do you or any household member receive or expect to receive any of the following during the next 12 months?

- Yes  No Wages, salaries, tips, fees, or commissions from an employer/Armed Forces?
- Yes  No Self-employment/Compensation for personal services?
- Yes  No Payment Social Security Administration, SS/SSI/SSDI/SSP or other payments?
- Yes  No Disability Compensation?
- Yes  No Workers Compensation?
- Yes  No General Assistance / Transitional Assistance to Families with Depend Children (TAFDC)?
- Yes  No Unemployment Benefits?
- Yes  No Payments from Pensions, Retirement Funds, Insurance Policies, Annuities, Death Benefits?
- Yes  No Severance Pay?
- Yes  No Veteran Benefits?
- Yes  No Child Support?
- Yes  No Alimony Payments?
- Yes  No Regular gifts or payments from anyone outside of the household?
- Yes  No Interest from dividends or other income from real or personal property?

List the source and amount of all income expected for the coming 12 months for all household members from any and all sources:

Household Member	Relationship to H of H	Income Source	Amount	Frequency
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Semi-Monthly
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Semi-Monthly
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Semi-Monthly
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Semi-Monthly
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				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Semi-Monthly
				<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Semi-Monthly

Receive regular contributions from organizations or from individuals outside of your household?

Yes  No If yes, household member's name: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_  
 Name and address of contributing organization or individual:  
 \_\_\_\_\_

Receive money to pay bills from someone outside of your household?

Yes  No If yes, household member's name: \_\_\_\_\_  
 Amount: \$ \_\_\_\_\_  
 Name and address of contributing organization or individual:  
 \_\_\_\_\_

Yes  No Does any family member have expenses for child care of a child age 12 or younger?

Minor's Name	Child Care Provider	Address	Weekly Amount	Subsidized Amount	Your Portion \$

**Written verification of the information contained in this form must be submitted along with the completed forms attached.**

I HERBY CERTIFY UNDER PENALTY OF PURGERY THAT ALL OF THE INFORMATION CONTAINED HERIN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND FURTHER I HERBY AUTHORIZED THE ATTLEBORO HOUSING AUTHORITY TO VERIFY ANY AND ALL INFORMATION I HAVE LISTED ON MY CONTINUED OCCUPANCY FORM FOR MY CONSIDERATION FOR ADMISSION OF CONTINUED OCCUPANCY IN ANY OF THE PROGRAMS UNDR THE JURISDICTION OF THE ATTLEBORO HOUSING AUTHORITY.

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_



## Statement of No Income Form

### TO BE FILLED OUT ONLY IF YOU DO NOT HAVE AN INCOME

Date: \_\_\_\_\_

I, \_\_\_\_\_ have not received any income  
(Printed Name)

since \_\_\_\_\_.

Please list how you pay the following (example: "my mother pays")

Rent: \_\_\_\_\_

Food: \_\_\_\_\_

Car Insurance: \_\_\_\_\_

Utilities: \_\_\_\_\_

Signed under pains and penalties of perjury:

\_\_\_\_\_  
(Signature)

State of Massachusetts  
County of Bristol

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the undersigned notary public,  
personally appeared \_\_\_\_\_, proved to me through satisfactory  
evidence of identification, which were, \_\_\_\_\_, to be the person whose  
name is signed on the preceding or attached document, and who acknowledged to me that (he)  
(she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
(official signature and seal of notary)

My commission expires \_\_\_\_\_