

Application for Continued Occupancy Form

Renewal Date: _____

1. Name and relationship of ALL persons living in your household, including date of birth and Social Security Number.
 (Our use of each person's Social Security Number is limited to income verification only.)

Name	Relationship	Date of Birth	Social Security Number
	Head of Household		

2. Total Gross Income for ALL household members and ALL sources. Persons over the age of 18 who live in the household must provide verification of income. Each person over the age of 18 who is unemployed must submit a Statement of No Income Form and a signed and dated Release Form.

Income	Weekly	Monthly	Annually
Gross Wages BEFORE deductions			
Interest/Dividends (Form 1099)			
Commissions, tips, bonuses, other income (Form 1099)			
Self-Employed net income (at least 15% of gross receipts)			
Pension, Annuity, Retirement (gross amount)			
Alimony, child support, foster care (gross amount)			
Unemployment and Disability Compensation			
Social Security Benefits (gross amount)			
Public Assistance TAFDC (gross amount)			
Other (please specify):			
Total Gross Income			

Name of Employer _____ Address _____ Occupation _____

3. Allowable Deductions from Gross Income (subject to verification):	Annually
\$400 for Head of Household if handicapped/disabled – Family Units Only	
\$300 for each minor member (under age 18) and each income contributing adult other than head	
Non-reimbursable medical expenses over 3% of gross income (including medical insurance)	
Care of children/sick persons necessary for employment	
Support payments made (Child Support)	
Tuition and fee (vocationally-related post-secondary education for member other than "FTS")	
Necessary handicapped homemaking or household expenses	
Total Deductions	

Total Net Income

Notes:

Income Verification: Please submit verification of all income that you are receiving at this time. **Interim re-determinations and changes in rent will NOT take effect until all information is received!** All income must be verified as to what you are **CURRENTLY** receiving.

Deduction Verification: When submitting your medical deductions, it must be verified that you have **ALREADY** paid. You may submit cancelled checks. All deductions must be what you have paid during the previous 12-month period. If it is not verified that the deductions were paid, the AHA cannot use them for out-of-pocket expenses.

The undersigned hereby certifies that the financial data supplied by this tenant is timely and accurate in all respects. The undersigned also understand that misrepresentation of these facts is grounds for termination. I hereby certify that all of my sources of income have been stated correctly in this Application for Continued Occupancy.

Signed under the pains and penalties of perjury:

 _____

Signature – Head of Household

 _____

Date

Please print name clearly

Telephone

E-mail Address

EMERGENCY CONTACTS:

1. Name and Address

Relationship

Telephone

2. Name and Address

Relationship

Telephone

Earned Income Exclusion

This exclusion can only be used if you have been collecting from TAFDC, SSI, SS or DISABILITY. If you started working and, as a result of your new income, your benefits were decreased or terminated because of employment, you may have the option of having your rent frozen for the next 12 consecutive months, calculating your rent using the above income source. This exclusion may only be exercised once.

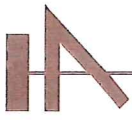
Welfare to Work Exclusion (Please check off A, B or C below)

- To be taken this year (please complete line "A" below)
- Deferred
- Not applicable

A. Member(s) name: _____

Income Source – previous 12 months: _____

Current Income Source: _____



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 _____