



Holyoke Housing Authority
 AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION AGENCY
 ADMINISTRATION BUILDING, 475 MAPLE STREET, Ste 1
 HOLYOKE, MA 01041-3798
 TELEPHONE 413-539-2220, FAX 413 -539-2227

HOUSING CHOICE VOUCHER PROGRAM CONTINUED OCCUPANCY FORM

The Holyoke Housing Authority is required by Federal regulations to verify income from all sources for families applying for continued occupancy in the Housing Choice Voucher Program. Therefore, we ask your cooperation in supplying this information listed below. We assure you this information will be kept in strict confidence.

Head of Household (legal name)			<u>Sex</u> M/F	Social Security #	DOB	Age
Last:	First	M.I.		- -	/ /	—
Current Address:						
Street Name & Number			City	State	ZipCode	
Telephone Number:						

HOUSEHOLD COMPOSTION: List everyone who will occupy the apartment – INCLUDE YOURSELF

#	ADULTS (legal name) (first, middle, last)	Social Security #	Relationship to Head of Household	Sex F/M	Date of Birth	Age
1		- -	HOH		/ /	
2		- -			/ /	
3		- -			/ /	
4		- -			/ /	

#	CHILDREN (name as it appears on SS card)	Social Security #	Relationship to Head of Household	Sex F/M	Date of Birth	Age
1		- -			/ /	
2		- -			/ /	
3		- -			/ /	
4		- -			/ /	
5		- -			/ /	
6		- -			/ /	