

**WHITE PLAINS HOUSING AUTHORITY
PROSPECTIVE OCCUPANT REQUEST TO RESIDE WITH RESIDENT**

RESIDENT'S NAME	ADDRESS	APT. #

PROSPECTIVE OCCUPANT'S NAME	CURRENT ADDRESS	RELATIONSHIP TO RESIDENT	SOCIAL SECURITY #	SEX M/F	DATE OF BIRTH

<u>Housing Status</u> <input type="checkbox"/> lessee no. of rooms _____ <input type="checkbox"/> rooming with strangers <input type="checkbox"/> rooming with relatives	<u>Marital Status</u> <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> legally separated <input type="checkbox"/> widow	<u>Veteran Status</u> (to be verified) <input type="checkbox"/> veteran <input type="checkbox"/> non-veteran If Veteran , give dates of service from _____ to _____	<u>Income</u> (verification must be submitted with form) <input type="checkbox"/> employed <input type="checkbox"/> self-employed <input type="checkbox"/> no income <input type="checkbox"/> other income
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Employer's Name	Address	Telephone #	Salary \$ _____ Per
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Occupation	Firm Name and Address (If self-employed)	Income \$ _____ Per
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Other Income (e.g., social security, unemployment, pension, relief, saving, etc...)	Other Income and Assets	Amount \$
Assets (e.g., bank deposits, insurance, stocks and bonds, automobile, real estate)		
No income (explain)		

Reason for requesting admission to project apartment (explain why you can't remain with other relatives)	
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I understand that if permission is given for (individual), _____, to live in the apartment, his/her entire income will be included in computing my family's income to determine eligibility to continue occupancy of my apartment. I further understand that (individual), _____, will be subject to the same conditions of tenancy as my family and that whenever I vacate my apartment, voluntarily or otherwise (individual), _____, will vacate with me and will have no right of possession of the premises apart from those rights which I have.

PROSPECTIVE OCCUPANT'S SIGNATURE	DATE	RESIDENT'S SIGNATURE	DATE
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DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

PROJECTED INCOME	Prospective Occupant's	\$ _____	<input type="checkbox"/> (ACO-3) attached
	Resident's	\$ _____	
	Total Income	\$ _____	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible

Other income (explain)

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED (indicate reason for disapproval)
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SIGNATURE:	TITLE:	DATE:
SIGNATURE:	TITLE:	DATE: