



CONTINUED OCCUPANCY FORM

Head of Household Section - Please Print Attach current water bill or continued occupancy will be denied

I _____ wish to continue to reside at:
(Head of Household)

Unit Street Address City ST Zip

Please check the appropriate line:

- An additional 30 days for the month of _____
- I do not wish to move at this time.

Head of Household's Signature *Date* () *Phone Number*

Landlord Section - Please Print

I, _____ agree to
allow
(Landlord Name)

The above tenant to continue occupancy in the listed unit for the specified time period indicated. I also am in agreement that my tenant still does not owe me any money.

Landlord's Signature *Date*

Does client have any unpaid rent or charges _____ Amount Owed _____

NOTE: This form must be received by GMHA no later than 4:00 P.M. on the last working day of the month to assure housing assistance payments to your Landlord. This does not guarantee first of the month payment to your landlord if returned to GMHA after the 20th of the month.



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If the form is not returned on time, you will be responsible for your own rent until such time you vacate the unit. If you later choose to remain in the unit, the complete move-in process will be necessary.