



Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: www.gmha.net

OVERCROWDED HOUSEHOLD VERIFICATION

Appl: _____

I hereby authorize the release of the requested information.

Applicant name (printed) _____ Signature _____ Date _____

Applicants address: _____

THIS FORM MUST BE COMPLETED BY THE LANDLORD/OWNER OF THE HOME YOU ARE LIVING IN

CERTIFICATION FOR LIVING IN AN OVERCROWDED HOUSEHOLD

The above named applicant has applied for housing assistance with this agency and has indicated that he/she is living in an overcrowded household or with another family.

We are required by Federal Regulations to verify preferences. Therefore, we would appreciate you completing this form to verify this information. This information will be used only for the purpose of determining this preference.

_____ TWO OR MORE FAMILIES LIVING IN ONE HOUSEHOLD

or

_____ MORE THAN 2 PEOPLE PER BEDROOM

Number of persons living in this household: _____

Number of families living in this household: _____

Number of bedrooms in this unit: _____

The above named applicant has lived in this unit since: _____

Date applicant moved in

I certify that the above information is correct and this applicant is living in an overcrowded household.

Signature of Landlord or Homeowner

Date

Address

Daytime Phone #

City

State

Zip