



# 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](http://www.gmha.net)

## CONTINUED OCCUPANCY FORM

**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 20<sup>th</sup> of the month.

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.

### Head of Household Section

**Attach current water bill or continued occupancy will be denied.**

I \_\_\_\_\_ wish to continue to reside at:  
(Head of Household, please print)

\_\_\_\_\_  
Unit Street Address City ST Zip

Please check the appropriate line:

\_\_\_\_ 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

I, \_\_\_\_\_ agree to allow  
(Landlord Name, please print)

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** \_\_\_\_\_

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8). \*\* Violations of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\* GMHA does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

