

CONTINUED OCCUPANCY FORM - ch. 667, ch.200, ch.705

(To be completed by Tenant, and returned to the LHA within 30 days. Attach sheets(s) if necessary.)

- I. Provide the name of the Tenant, and the name and relationship of each person to you, the tenant, that are members of the Tenant's Household (household members). Provide the exact date of birth, gender, social security numbers (if household member has social security number), racial designation (all that apply), ethnic designation, school and work status.

	Name of Tenant and household members	Relationship	Gender	Date of Birth	**Soc. Sec. #	Designation		Working Y/N	In School Y/N
						Racial*	Ethnic*		
1									
2									
3									
4									
5									

* Racial Designation means: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other: _____(specify).

* Ethnic Designation means: Hispanic/Latino or not Hispanic/Latino

** Social Security # used for income verification purposes only. If you do not have one, you can still complete the form

II. **Total Gross Income of Tenant Household from all Sources:**

Current Monthly wages or salary before deductions:

	Tenant or Tenant Household Member	Employer	Monthly Earnings
1			
2			
3			
4			
5			

- a. Commissions, Tips, Bonuses and other income _____
 - b. Gifts or contributions over \$5,000 in a single year _____
 - c. Unemployment or Disability Compensation _____
 - d. Public Assistance (TAFDC) _____
 - e. Alimony, Child Support, Foster Care received _____
 - f. Social Security Benefits _____
 - g. SSI, SSDI _____
 - h. Pension, Annuity, Retirement _____
 - i. Veterans Benefits - Type _____
 - j. Service Connected 100% disability benefits from U.S. Government _____
 - k. Interest, Dividends, Capital Gains _____
 - l. Lottery winnings, gambling winnings _____
 - m. Rental or any other income-Please specify _____
 - n. Principal and income from trust or inheritance _____
- TOTAL GROSS MONTHLY INCOME \$** _____

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III. Exclusions from Income

a. One time exclusion: **WELFARE TO WORK INCOME EXCLUSION:**

(A) to be taken this year; (B) deferred; (C) not applicable (circle A,B or C)

Household members name: _____

Income Source for the previous 12 months _____

Current Income Source and Amount for the Household Member. _____

b. Exclusion for amount earned by member 62 years or older in excess of the amount equal to minimum wage for 20 hours per week. Includes: wages, salary, unemployment insurance, workers compensation, long-term/short-term disability. _____

c. Exclusion for wages and /or salary earned by a half time or full time student, as defined in 760 CMR 6.03 _____

d. Stipends received by volunteers for tax-exempt, non-profits or an accredited educational or vocational institution. Up to an amount equal to minimum wage for 20 hours per week.

e. Payments received for employment training. Wages received through program for training for employment, on the job training, or apprenticeship. Amount equal to 1.5 times the minimum wage for 37.5 hours per week for up to 2 years. _____

f. Contributions to and withdrawals from Achieving a Better Life Experience (ABLE) account. _____

g. Brave Act (M.G.L. c. 115, § 6B) Annuity payments. _____

e. Other exclusions (see 760 CMR 6.05 (3)) _____

IV. Allowable Deductions from Gross Income Subject to Verification:

a. \$400 for head of household if 60 years of age or older or handicapped/disabled. (Family Housing Only) _____

b. \$300 for each minor member (under 18) and each income contributing adult member other than the head. _____

c. Non-reimbursable medical expenses, including medical insurance, in excess of 3% of gross income. _____

d. Day care cost necessary for employment _____

e. Costs for the care of sick or incapacitated household member necessary for employment. _____

f. Support payments made (child or alimony) _____

g. Non-reimbursable payments of tuition and fees of vocational or post secondary education for household member other than a full time or half time student. _____

h. Non-reimbursable payments for homemaking or household expenses for a household member with a disability. _____

i. Special transportation costs for a disabled household member. _____

TOTAL DEDUCTIONS \$ _____



V. (LHA Use Optional) Emergency Reference: Name of a relative or friend not living with you. We will contact this person if we are not able to reach you or in cases of an emergency
Name:

Address

Relationship:

Telephone #:

The undersigned hereby certifies that in accordance with his/her lease the information supplied by the tenant herein is accurate and complete. The undersigned understands that misrepresentation of these facts is grounds for eviction. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY:

Date

Signature

(Tenant)

Telephone #:

Address

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