

**Occupant Data Form**

\*Each unit requires their own form

Name of Owner: \_\_\_\_\_

Subject Property Address: \_\_\_\_\_

Name of Occupant: \_\_\_\_\_ Apt. # \_\_\_\_\_

Occupants Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Head of Household: Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_ Handicapped? \_\_\_\_\_

Name of Household Members	Age	Employment (if applicable)	Gross Annual Income (if applicable)

When did you begin to occupy this dwelling? \_\_\_\_\_

Please indicate the amount of your gross income: Weekly \$ \_\_\_\_\_  
Monthly \$ \_\_\_\_\_  
Yearly \$ \_\_\_\_\_

Please indicate source of income: Child Support \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
Section 8 \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

Place of Employment: \_\_\_\_\_  
\_\_\_\_\_

Please submit copy of Income/Tax documents: \_\_\_\_\_

**I/We understand that it may be a Federal crime punishable by fine or imprisonment to knowingly make any false statements concerning any of the about facts as applicable under the provisions of the United States Criminal code. I/We attest that all of the above information is true and accurate. Furthermore, I/We consent and authorize the Department of Community Development to verify any and all information contained herein.**

\_\_\_\_\_  
Occupant Signature

\_\_\_\_\_  
Date