

The Homes, Inc. Occupant Form

Stockholder Name 1: _____ **Relationship to S/H:** _____
 (If there is a 2nd or 3rd Stockholder, please list them)

Stockholder Name 2: _____ **Relationship to S/H:** _____

Stockholder Name 3: _____ **Relationship to S/H:** _____

Address: _____ **Mobile #:** () _____

Work #: () _____ **Email** (print clearly): _____

List all Stockholders and Occupants

Occupant(s) Name	Birthdate	Sex: M or F	Relationship to S/H

Emergency Contact: _____ **Relationship to S/H** _____

Address: _____ **State and Zip Code** _____

Mobile #:() _____ **Work #:**() _____

Email: _____

Pets Name	Cat or Dog	Friendly Y or N

FEDERAL LAW REQUIRES THE FOLLOWING: The Department of Housing and Urban Development's **RULES FOR THE NUMBER of people allowed LIVING in the unit**

# OF ROOMS	MAX. OCCUPANTS
1	2
2	4
3	6
4	8

Signature _____ **Date:** _____

