## **HISTORY OF RESIDENCE**

NAME OF HEAD OF FAMILY AT THE TIME YOU RESIDED THERE	ADDRESS – INCLUDE LOT OR APARTMENT #	DATES OF RESIDENCE	APARTMENT COMPLEX OR LANDLORD'S NAME AND ADDRESS
The above information is necess applicants. We must have this in assistance program. The period issued if this form is left BLAN	nformation in order to detect of the above information	ermine your eligibility or	suitability for housing on our
Head of Household Signature			
Signature of Other Household Adult			
Signature of Other Household Adult			