\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Housing Authority

**Visitor Registration Form**

Resident Name:

Resident Address:

Date:

As permitted by my lease, I would like to register the following individual(s) as overnight guest(s) at my home for a period to begin on and to end on :

|  |  |  |
| --- | --- | --- |
| Name | Home Address | Date of Birth |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I understand that I am responsible for the behavior of everyone who visits me. If my visitor violates the lease, my lease may be terminated.

Signature of Resident:

Signature of Adult Guest:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Housing Authority is a Fair Housing and Equal Opportunity Agency
If you need a different form of communication because of a disability, email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or call \_\_\_\_\_\_\_\_