

GUEST REQUEST

SOUTH SIOUX CITY HOUSING AGENCY

NAME: _____ DATE: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____

Dear Sir/Madam:

The above-named person is requesting a Guest/Visitor. HUD/South Sioux City Housing Agency's definition of a guest is a person temporarily staying in the unit with consent of a member of the household. A guest can remain in the assisted unit no longer than 30 consecutive days or a total of 90 cumulative calendar days during any 12-month period with the Owner/Manager approval. Children who are subject to a joint custody arrangement or for whom a family has visitation privileges, that are not included as a family member because they live outside of the assisted household more than 50 percent of the time, are not subject to the time limitations of guests as described above.

A family may request an exception to this policy for valid reasons (e.g., care of a relative recovering from a medical procedure that is expected to last 40 consecutive days). An exception will not be made unless the family can identify and provide documentation of the residence to which the guest will return.

Please call me at 402-494-7514. Your prompt return of this form in the attached self-addressed envelope would expedite processing.

TENANT: _____
Signature Date

GUEST NAME: _____ DATE: _____
ADDRESS: _____ PHONE: _____
CITY: _____ STATE: _____ ZIP: _____
DATES OF STAY: _____

GUEST: _____
Signature Date

OWNER/MANAGER: _____ DATE: _____

PHA REPRESENTATIVE: _____ DATE: _____
