<div align="center">**ATTACHMENT "F"**</div>

VISITOR FORM

RESIDENT OBLIGATIONS, SECTION 10.D. OVERNIGHT GUESTS
Resident may reasonably provide accommodations to his/her guests or visitors for a period not to exceed fourteen (14) days per calendar year; provided that the Resident has completed a visitor form at the management office prior to allowing any overnight guests. A guest is someone who is present in the Unit with the consent of the Resident or another household member. Permission for a guest to remain in the unit in excess of fourteen (14) days in any calendar year shall not be unreasonably withheld by the Landlord. Requests to allow a guest to remain in the Unit beyond fourteen (14) days shall be referred to the Landlord for special consideration (i.e. long term foster care or medical care of a non-resident member of the Resident's family). This limitation does not apply to any live-in aide for the Resident or a household member of the Resident.

HOUSING AUTHORITY OF THE COUNTY OF GREENE

TENANT NAME:	TODAY'S DATE:
APT. # ADDRESS:	
HOME PHONE: CELL PHONE: EMAIL:	

[   ] Accommodation for guest, not exceeding 14 days.
     Photo ID may be required.
Reason:
_____
_____

DATES

FROM:	TO:	///////////////////////////	TOTAL DAYS:
		///////////////////////////	
		///////////////////////////	

NAME OF GUEST:	RELATIONSHIP:
PRESENT ADDRESS:	
HOME PHONE:	CELL PHONE:
VEHICLE IDENTIFICATION:	

TENANT SIGNATURE:_____ _____

Office use: [ ] Approved   [ ] Disapproved
 If disapproved give reason:
_____
_____

Visitor Form

[   ] Special accommodation for guest/visitor, in excess of 14 days.
     Additional information may be required.
     Photo ID may be required.

Reason:

_____
_____
_____

DATES

FROM:	TO:	/////////////////////////////	TOTAL DAYS
		///////////////////////////// /////////////////////////////	

NAME OF GUEST:	**RELATIONSHIP:**
PRESENT ADDRESS:	
HOME PHONE:	**CELL PHONE:**
VEHICLE IDENTIFICATION:	

TENANT SIGNATURE:_____ _____

Office use: [ ] Approved   [ ] Disapproved
If disapproved give reason:

_____
_____