

REQUEST FOR CONFIRMATION OF OCCUPANCY

	uctions: Please use an "X" to check the appropriate boxes below and provide HPD with as much nation as possible before signing and dating the bottom of this form.
	The above tenant remains in occupancy at the above address.
	The above tenant never took possession of the unit. Reason the tenant did not take possession, if known:
	The above tenant was temporarily out of the unit beginning on:(date), due to a reason listed below, but returned to the unit on: (date).
	The above tenant has been absent from the unit since this date:, due to the following reason(s): Hospitalization Rehab center Incarcerated Nursing home Unit renovation Long vacation No electricity, heat, hot water, or other utilities due to hazardous conditions Other:
* D	id the above tenant turn in their keys to the apartment/house listed above?
	The above tenant remains in one of our buildings, but was transferred to the following address:
	The above tenant was evicted* from their formerly assisted unit on this date: The eviction was due to: Holdover Foreclosure Non-Payment of Rent Other: *Please provide HPD with copies of all relevant court documents.
If kno Email Mailir	own, please provide the tenant's current phone number: () l address: ng address:
under	by certify that the information provided is true and correct to the best of my knowledge. I stand that false statements or misrepresentations are a criminal offense under section 1001 of title the U.S Code.
Own	er/Agent Signature: Date:

Owner/Agent Signature:		 	Date:	
Owner/Agent email address:				
Owner/Agent Phone Number: ()	 		



Printed on paper containing 30% post-consumer material.