

Residence History

Name: _____ **Case Number:** _____

If you are receiving any type of housing subsidy (i.e. HUD, Section 8, elderly housing, et cetera), please provide a history of residence back to a point in time at which you were not receiving any type of housing subsidy. Use the back of this form if you need additional space.

Address:

City/Town:

County:

State:

Zip:

Move-In Date:

Move-Out Date:

Housing Type:

- Friend's Home Relative's Home Own Home
 Private Rental Assisted Living Section 8/ Public Housing
 Other (specify type): _____

Address:

City/Town:

County:

State:

Zip:

Move-In Date:

Move-Out Date:

Housing Type:

- Friend's Home Relative's Home Own Home
 Private Rental Assisted Living Section 8/ Public Housing
 Other (specify type): _____

Address:

City/Town:

County:

State:

Zip:

Move-In Date:

Move-Out Date:

Housing Type:

- Friend's Home Relative's Home Own Home
 Private Rental Assisted Living Section 8/ Public Housing
 Other (specify type): _____

Return to: Centralized Scanning Unit (CSU), P.O. Box 181, Concord NH 03301

This institution is an equal opportunity provider.