



Guest Request

This form serves as written as a written request to THA for approval of all guests staying on the premises for more than two (2) nights. This form must be submitted to THA no later than the 3rd day after the guest begins staying at the dwelling and **MUST BE ACCOMPANIED BY CURRENT PICTURE ID** *Forms will not be accepted without a copy of a picture ID.*

Today's Date: _____

RESIDENT'S INFORMATION:		
Name:	Unit No.	Complex:
Address:		Telephone Number:
GUEST INFORMATION:		
Name:	Relationship to Head of Household:	
Address:	SSN:	
Telephone Number:	Date of Birth:	
Number of Days Requested:		
From: ___/___/___	To: ___/___/___	

I understand that by signing this form, I am giving THA permission to conduct a background check as necessary. Guest(s) will be denied if background check does not pass PH standards, if false information is given, or if guest(s) are not in good standing with THA.

Resident Signature and Date

Guest Signature and Date

No guest shall reside on the premises more than fourteen (14) days without THA prior written approval. Resident's failure to abide by this provision shall constitute just cause to terminate the lease. A foster child or a live-in aid may reside in the unit prior to consent of THA, subject to reasonable policies concerning such residents which shall define the circumstances in which consent will be given or denied.

NOTE: Section X part N of THA's lease states that tenant must conduct himself/herself, and to require guest and other implied guest on the premises to conduct themselves in a manner that will not disturb his or her neighbors' peaceful enjoyment of their premises.

For THA Used Only:

No. Of Days Approved:	Date Approved:
From: To:	
Approved by:	

03-16-2020