



## Resident Occupant Form

**Please complete this form if you are a full-time occupant living in the home of an HHR resident.  
Return to the office.**

### Occupant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Name of Resident with whom you reside: \_\_\_\_\_

Address of Resident with whom you reside: \_\_\_\_\_

Do you want to receive hhr.news emails? (Y/N) \_\_\_\_\_

Would you like to be included in the HHR directory? (Y/N) \_\_\_\_\_

Cell \_\_\_\_\_ Date of Birth (Day/Month) \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Email: \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Resident Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Your Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_