THE HOUSING AUTHORITY OF THE CITY OF ASHEVILLE

165 S. FRENCH BROAD AVE.

ASHEVILLE, NC 28801

DRAFT – GUEST / VISITOR REGISTRATION FORM

Effective [Insert 2026 Date]

This form must be completed for any guest staying longer than fourteen (14) consecutive days, in accordance with HACA House Rules.

Completion of this form does not automatically authorize residency and does not modify the lease.

SECTION I – RESIDENT INFORMATION	**SECTION II –** GUEST INFORMATION
Resident Name:	**Guest Full Name:**
Unit Address: **Unit #:**	**Date of Birth:** **Phone Number:**
Phone number:	**Current Address:**
Email (optional):	**Relationship to Resident:**

Guests may not stay more than 21 days within a 12-month period without written approval from HACA.

SECTION III – IDENTIFICATION DOCUMENTATION

(ID must be presented to management for verification)

Type of ID Provided: ☐ Valid Driver's License ☐ Valid State Identification Card ☐ Valid Passport ☐ Other: _____	**ID Number (if applicable):** _____ **Issuing State/Country:** _____ **Expiration Date:** _____

IDENTIFICATION SCAN / ATTACHMENT AREA

(Management may scan or attach a copy of the guest's identification below)

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SECTION IV – RESIDENT CERTIFICATION

By signing below, I acknowledge and agree that:

- I am responsible for the conduct of my guest/visitor.
- My guest must comply with all ***HACA House Rules and policies***.
- This registration does **not authorize the guest to become a household member**.
- Guests may not remain longer than the approved timeframe without written authorization from HACA.
- Guests who violate HACA policies may be required to leave the property.

Resident Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Date Form Submitted: _____

Date Identification Verified: _____

Verified By (Staff Name): _____

Guest Approved for Stay From: _____

Guest Approved Through: _____

Total Approved Days: _____

☐ Guest logged in management system

☐ ID scanned and attached to resident file

☐ Parking permit issued (if applicable)

Additional Notes:

Staff Signature: _____

Date: _____

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