

**HOUSING UNIT CONTINUATION FORM**  
**GROUP QUARTERS VALIDATION**

CASE ID

OLQ NAME

LCO

AA

State

County

Block

Map Spot







*For Office Use Only*

**UNIT DESIGNATION**

**Is the Unit already listed in the Address Register as a HU?**

No  
 Yes → Line No.  Page No.

No  
 Yes → Line No.  Page No.

No  
 Yes → Line No.  Page No.

No  
 Yes → Line No.  Page No.

No  
 Yes → Line No.  Page No.

No  
 Yes → Line No.  Page No.

No  
 Yes → Line No.  Page No.

No  
 Yes → Line No.  Page No.

**If there are more housing units, please continue on the next page.**



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PAGE  OF

UNIT DESIGNATION	Is the Unit already listed in the Address Register as a HU?
<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes → Line No. <input type="text"/> Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes → Line No. <input type="text"/> Page No. <input type="text"/>
<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes → Line No. <input type="text"/> Page No. <input type="text"/>
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**If there are more housing units, please continue with another HU Continuation form, D-351HU(GQV).**

