

RECERTIFICATION UPDATE

Complex Code _____

Date _____

Please list all current information and note any changes which may have occurred since your last certification.

1. RESIDENT INFORMATION

Name _____

Address _____ Home Phone # _____

Head Work Phone # _____ Co-Tenant Work Phone # _____

| | Name | Relationship to head | Birth Date | Age (Optional) | SS# | Student Y/N |
|------|------|----------------------|------------|----------------|-----|-------------|
| Head | | | | | | |
| Co-T | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

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|--|
| Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, explain: |
| Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, explain: |

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| Is this the entire household to occupy the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No. |
| If no, list and explain |
| No one else can join the household without prior management approval. Do you plan to have anyone living with you in the future who is not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, list and explain. |
| Have there been any changes in this household since the previous certification? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, what were the Changes? |
| Do you need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or |

| | |
|-----------------------------------|---|
| Apparatus for hearing assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No. |
| if yes, describe | |
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| | |

To be clear in regard to government definitions, we will now go over a checklist of household income and assets. Please answer yes or no to the following and if yes, provide the amounts. Do you or any family member have income from:

| | | | |
|--|------------------------------|-----------------------------|----|
| Social Security? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| SSI? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Scheduled Payments from Pension/Annuity Investment/Retirement? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Veterans Benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Unemployment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Workman's Comp? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| TANF/Public Assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Do you receive Alimony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Are you entitled to receive Alimony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Do you receive Child Support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Are you entitled to receive Child Support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Military Pay? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Net Income from Business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Contributions (monetary or not) from Friends/Relatives/Etc? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Income from Assets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Long Term Medical Care Insurance Payments in excess of \$180/day | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Other Income? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| **Grants or Scholarships? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |

[**Amounts received which exceed the cost of tuition may have to be included in income.]

Do you file Income Tax returns? Yes No

Please list total household income for previous year. \$ _____

If this differs from current year, please explain: _____

Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on Page 2? Yes No

If yes, please explain: _____

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|---|--|
| Real Estate Property: <i>Do you own any property?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, Type of property</i> | |
| Location of property | |
| Appraised Market Value | \$ |
| Mortgage or outstanding loans balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |

Do you or a family member have any of the following assets?

| | | | | | |
|-------------------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Checking Accounts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stocks or Bonds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Savings Accounts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mutual Funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Certificates of Deposit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trust Accounts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IRA | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Life Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Retirement Funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Real Estate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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| Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, describe:</i> | |
| Have you sold/dispensed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, Type of property</i> | |
| Market value when sold/dispensed | \$ |
| Amount sold/dispensed for | \$ |
| Date of transaction | |

| | |
|--|--|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, describe the asset</i> | |
| Date of disposition | |
| Amount disposed | \$ |

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|--|--|
| Do you have any other assets not listed above (excluding personal property)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, please list:</i> | |
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Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

| | | |
|--|------------------------------|-----------------------------|
| Are any full-time student(s) married and filing a joint tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a TANF or a title IV recipient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return and whose children are not dependents on another's tax return other than a parent? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the full time student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Certification by Tenant(s): I/We have understood and answered all questions on this recertification update. I/We certify that all answers are true to the best of My/Our knowledge and that any misrepresentations of information or false statements are punishable under Federal Law.

| | |
|---|-----------------|
| _____ (Signature of Head of Household) | _____ (Date) |
| _____ (Signature of Tenant #2) | _____ (Date) |
| _____ (Signature of Tenant #3) | _____ (Date) |
| _____ (Signature of Tenant #4) | _____ (Date) |