

## RECERTIFICATION UPDATE

Complex Code: \_\_\_\_\_

Date: \_\_\_\_\_

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

### Resident Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Head Work Phone: \_\_\_\_\_ Co-Tenant Work Phone #: \_\_\_\_\_

	<u>Name</u>	<u>Relationship to HOH</u>	<u>DOB</u>	<u>Age (Optional)</u>	<u>SS#</u>	<u>Student Y/N</u>
HOH						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

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

Is this the entire household to occupy the unit? <input type="radio"/> Yes <input type="radio"/> No
If no, please 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="radio"/> Yes <input type="radio"/> No
If yes, please explain:
Have there been any changes in this household since the previous certification? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No
If yes, please describe:

**Income Information**

To be clear in regard to government definitions, we will now go over a checklist of household income and assets. Please answer the following and if yes, provide annual amounts. Do you or any member of the household have any income from the following:

Employment	<input type="radio"/> Yes	<input type="radio"/> No	\$
Social Security	<input type="radio"/> Yes	<input type="radio"/> No	\$
SSI	<input type="radio"/> Yes	<input type="radio"/> No	\$
Scheduled payments from pension, annuity, investment, retirement?	<input type="radio"/> Yes	<input type="radio"/> No	\$
Veterans Benefits	<input type="radio"/> Yes	<input type="radio"/> No	\$
Disability	<input type="radio"/> Yes	<input type="radio"/> No	\$
Unemployment	<input type="radio"/> Yes	<input type="radio"/> No	\$
Workman’s Compensation	<input type="radio"/> Yes	<input type="radio"/> No	\$
TANF/Public Assistance	<input type="radio"/> Yes	<input type="radio"/> No	\$
Alimony	<input type="radio"/> Yes	<input type="radio"/> No	\$
Child Support	<input type="radio"/> Yes	<input type="radio"/> No	\$
Are you entitled to receive child support?	<input type="radio"/> Yes	<input type="radio"/> No	\$
Military Pay	<input type="radio"/> Yes	<input type="radio"/> No	\$
Net income from a business	<input type="radio"/> Yes	<input type="radio"/> No	\$
Contributions (monetary or not) from relative, friends, etc.	<input type="radio"/> Yes	<input type="radio"/> No	\$
Income from assets	<input type="radio"/> Yes	<input type="radio"/> No	\$
Long term medical care insurance payments in excess of \$180/day	<input type="radio"/> Yes	<input type="radio"/> No	\$
Other Income	<input type="radio"/> Yes	<input type="radio"/> No	\$
**Grants or Scholarships	<input type="radio"/> Yes	<input type="radio"/> No	\$

\*\*Amounts received which exceed the cost of tuition may have to be included as income\*\*

Do you file Income Tax Returns? <input type="radio"/> Yes <input type="radio"/> No
Please list total household income from 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? <input type="radio"/> Yes <input type="radio"/> No
If yes, please explain:

**Asset Information**

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

Do you or any household member have any of the following assets:

Checking Account	<input type="radio"/> Yes	<input type="radio"/> No
Savings Account	<input type="radio"/> Yes	<input type="radio"/> No
Certificate of Deposits	<input type="radio"/> Yes	<input type="radio"/> No
IRA	<input type="radio"/> Yes	<input type="radio"/> No
Other Retirement Funds	<input type="radio"/> Yes	<input type="radio"/> No
Stock or Bonds	<input type="radio"/> Yes	<input type="radio"/> No
Mutual Funds	<input type="radio"/> Yes	<input type="radio"/> No
Trust Accounts	<input type="radio"/> Yes	<input type="radio"/> No
Whole Life Insurance Policy	<input type="radio"/> Yes	<input type="radio"/> No
Real Estate	<input type="radio"/> Yes	<input type="radio"/> No

Does any member in 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="radio"/> Yes <input type="radio"/> No
If yes, please describe:
Have you sold/dispensed of any property in the last 2 years? <input type="radio"/> Yes <input type="radio"/> No
If yes, type of property:
Market value when sold/dispensed: \$
Amount sold/dispensed for: \$
Date of transaction:

Have you disposed of any other assets in the last 2 years? (Ex: Given away money to relatives, set up irrevocable Trust Accounts? <input type="radio"/> Yes <input type="radio"/> No
If yes, please describe asset:
Date of disposition:
Amount disposed: \$

Do you have any other assets not listed above (excluding personal property)? <input type="radio"/> Yes <input type="radio"/> No
If yes, please list:

## Student Status

Will any member of the household be or have been a full-time student 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="radio"/> Yes	<input type="radio"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="radio"/> Yes	<input type="radio"/> No
Are any student(s) a TANF or a title IV recipient?	<input type="radio"/> Yes	<input type="radio"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return and whose children are not dependents on another's tax return other than a parent?	<input type="radio"/> Yes	<input type="radio"/> 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="radio"/> Yes	<input type="radio"/> 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 misrepresentation 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

