

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	SS# (last 4 digits)	Student Y/N
Head					
Co-T					
3.					
4.					
5.					
6.					
7.					
8.					

Do all listed minors live in the unit at least 50% of the time? Yes No

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

Is this the entire household to occupy the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, list and explain:</i>
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
<i>If yes, list and explain:</i>
Have there been any changes in this household since the previous certification? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, what were the Changes?</i>

Do you need any specific features or unit designs such as wheelchair accessibility, <input type="checkbox"/> Yes <input type="checkbox"/> No visual aids (Braille) or Apparatus for hearing assistance?
<i>If yes, describe</i>

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:

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/Direct Deposit Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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	\$

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>	

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 child(ren) 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)