

RECERTIFICATION UPDATE

BIN NUMBER _____

Date _____

*Please list all current information and note any changes which may have occurred since your last certification. **Do not leave any blanks. Use N/A where applicable.***

1. RESIDENT INFORMATION

Name _____

Address _____ Home Phone # _____

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

	Name	Relationship to head	Birth Date	Age (Optional)	SS#(last 4 digits)	Student Y/N
Head		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

Do you anticipate any changes in household income or sources in the next twelve months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

Is this the entire household to occupy the unit? Yes 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? Yes No

If yes, list and explain.

Have there been any changes in this household since the previous certification? Yes No

If yes, what were the changes?

Recertification Update



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		

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:

			Head of Household	Other Household Member
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	\$	
Do you 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

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

If yes, please explain:

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

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		\$	
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	
Debit card not associated with a checking account	<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

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 (Examples: 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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)