

Dear Tenant or Applicant:

The attached Update must be filled out entirely.

I realize that you have supplied much of this information on a prior application; however, due to programs involved in this subsidized housing, all tenants/applicants are required to fill in this update if their prior application or certification is 90 days old.

Please do not leave any fields blank. If something does not apply to you please write in “none” or “n/a” or “0”.

Be sure to sign and date the last page.

Thank you.

Complex:

«community»

Date:«today»

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

RESIDENT INFORMATION

Name:		Unit:	
Home Phone #:	Work Phone #:	Co-tenant Work Phone#:	

HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status M-Married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

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?		

Is the head or spouse of this household handicapped or disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No.
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:

Social Security?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SSI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Pension/Annuity?	<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 from Friends/Relatives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Income from Assets?	<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	\$

[**Not included in calculating income, but may aid management in determining student status as well as financial ability to pay rent.]

Do you file Income Tax returns? Yes No

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

If this differs from current year, please explain: _____

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

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	\$

Have you sold/disposed of any property in the last 2 years?	Yes No
<i>If yes, Type of property</i>	
Market value when sold/disposed	\$
Amount sold/disposed 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)? Yes 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)? Yes 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?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	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?	Yes	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)