

## RECERTIFICATION UPDATE

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

Date «today» \_\_\_\_\_

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

### 1. RESIDENT INFORMATION

Name «head\_of\_household»

«unit\_address\_line1»

«unit\_address\_line2»

«unit\_address\_line3»

Address «unit\_city», «unit\_state» «unit\_zip»

Home Phone # \_\_\_\_\_

Head Work Phone # \_\_\_\_\_

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

	Name	Relationship to head	Birth Date	Age (Optional)	SS#	Student Y/N
Head	«head_of_household»	self	«date_of_birth»	«age»	«ssn»	
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last 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?		

Do you need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance?	Yes	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?	Yes	No	\$
SSI?	Yes	No	\$
Pension/Annuity?	Yes	No	\$
Veterans Benefits?	Yes	No	\$
Disability?	Yes	No	\$
Unemployment?	Yes	No	\$
Workmen's Comp?	Yes	No	\$
TANF/Public Assistance?	Yes	No	\$
Employment?	Yes	No	\$
Do you receive Alimony?	Yes	No	\$
Are you entitled to receive Alimony?	Yes	No	\$
Do you receive Child Support?	Yes	No	\$
Are you entitled to receive Child Support?	Yes	No	\$
Military Pay?	Yes	No	\$
Net Income from Business?	Yes	No	\$
Contributions (monetary or not) from Friends/Relatives/Etc?	Yes	No	\$
Income from Assets?	Yes	No	\$
Long Term Medical Care Insurance Payments in excess of \$180/day	Yes	No	\$
Other Income?	Yes	No	\$
**Grants or Scholarships?	Yes	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: \_\_\_\_\_

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>	Yes	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	Yes	No	Stocks or Bonds	Yes	No
Savings Accounts	Yes	No	Mutual Funds	Yes	No
Certificates of Deposit	Yes	No	Trust Accounts	Yes	No
IRA	Yes	No	Life Insurance	Yes	No
Other Retirement Funds	Yes	No	Real Estate	Yes	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?	Yes	No
<i>If yes, describe:</i>		
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
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**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)