

RECERTIFICATION/ RENEWAL APPLICATION

FOR MANAGEMENT USE ONLY	
Date Received:	
Recertification Effective Date:	
Program (LIHTC, HOME, etc.):	

NOTE: THIS FORM MAY ALSO BE USED AS AN APPLICATION UPDATE FOR RENTAL APPLICATIONS THAT ARE OVER 120 DAYS

ALL QUESTIONS MUST BE ANSWERED.

Property Name: _____

HOUSEHOLD COMPOSITION

List each person who resides in the unit along with the relationship to the head of household, date of birth and social security number. Do not include minors who will be present less than 50% of the time.

Member No.	Full Name, including middle initial	Relationship to HOH	Gender [M/F]	Date of Birth	Age	Full Time Student [Y/N]***	Last 4 Digits of SSN
1		Head of Household					
2							
3							
4							
5							
6							

***List Full-Time student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12, college, university, technical, trade, mechanical, and on-line schools.

CONTACT INFORMATION

Home Phone: _____ Cell Phone: _____

Email address: _____

Are any household changes expected in the next 12 months? YES NO

If 'YES' explain: _____

Are any household members currently absent from the home? YES NO

If 'YES' explain: _____

STUDENT STATUS

Is every member of the household a Full-Time Student as defined above? Yes No

Are there any Part-Time adult students in the household? Yes No

Are any student changes expected in the next 12 months? Yes No

If 'YES' explain: _____



HOUSEHOLD INCOME

INCOME INSTRUCTIONS:

- *List GROSS amounts anticipated to be received in the 12-month period following effective date of certification.*
- *For minors include unearned income such as benefits, SS, SSI, gifts, child support, income from assets.*
- *Answer each 'YES' – 'NO' question. For each 'YES' include the GROSS ANNUAL amount.*
- **DO NOT LEAVE ANY UNANSWERED QUESTIONS.**

(For additional household members 18 and older; use a separate sheet of paper.)

Type of Income	Head of Household		Co-Head and/or Other Member	
	Check One	Yearly Amount	Check one	Yearly Amount
1. Employment	[] YES [] NO	\$	[] YES [] NO	\$
2. Overtime or Shift Pay	[] YES [] NO	\$	[] YES [] NO	\$
3. Bonus/commission/etc	[] YES [] NO	\$	[] YES [] NO	\$
4. Tips	[] YES [] NO	\$	[] YES [] NO	\$
5. Cash Pay (under the table)	[] YES [] NO	\$	[] YES [] NO	\$
6. Self-Employment	[] YES [] NO	\$	[] YES [] NO	\$
7. Do you have a 2 nd job?	[] YES [] NO	\$	[] YES [] NO	\$
8. Periodic Gift Income	[] YES [] NO	\$	[] YES [] NO	\$
9. Non-cash Contributions	[] YES [] NO	\$	[] YES [] NO	\$
10. Formal Child Support	[] YES [] NO	\$	[] YES [] NO	\$
11. Informal Child Support	[] YES [] NO	\$	[] YES [] NO	\$
12. Formal Spousal Support	[] YES [] NO	\$	[] YES [] NO	\$
13. Informal Spousal Support	[] YES [] NO	\$	[] YES [] NO	\$
14. Social Security	[] YES [] NO	\$	[] YES [] NO	\$
15. SSI	[] YES [] NO	\$	[] YES [] NO	\$
16. SSP	[] YES [] NO	\$	[] YES [] NO	\$
17. TANF/AFDC/etc. <small>not Food Stamps</small>	[] YES [] NO	\$	[] YES [] NO	\$
18. Unemployment	[] YES [] NO	\$	[] YES [] NO	\$
19. Severance Pay	[] YES [] NO	\$	[] YES [] NO	\$
20. Pension	[] YES [] NO	\$	[] YES [] NO	\$
21. Retirement Account	[] YES [] NO	\$	[] YES [] NO	\$
22. Investment Account	[] YES [] NO	\$	[] YES [] NO	\$
23. Worker's Comp	[] YES [] NO	\$	[] YES [] NO	\$
24. Annuity Account	[] YES [] NO	\$	[] YES [] NO	\$
25. Trust Account	[] YES [] NO	\$	[] YES [] NO	\$
26. Disability/Death Benefits	[] YES [] NO	\$	[] YES [] NO	\$
27. Student Financial Aid	[] YES [] NO	\$	[] YES [] NO	\$
28. Military Pay	[] YES [] NO	\$	[] YES [] NO	\$
29. Real Estate Rental Income	[] YES [] NO	\$	[] YES [] NO	\$
30. Veterans/VA Income	[] YES [] NO	\$	[] YES [] NO	\$
31. Other:	[] YES [] NO	\$	[] YES [] NO	\$
	TOTAL INCOME	\$	TOTAL INCOME	\$



Are any income changes expected in the next 12 months? YES NO

If 'YES', please describe: _____

Does any member of your household who is not now working, expect to work for any period during the next twelve months? YES NO

Employment Information:

Employer: _____ Phone: _____
 Address: _____ FAX: _____
 Date of Hire: _____ Supervisor: _____

2nd Employer (if applicable):

Employer: _____ Phone: _____
 Address: _____ FAX: _____
 Date of Hire: _____ Supervisor: _____

(If more than 2 employers, please use a separate sheet of paper.)

ASSETS

Assets include cash, all bank accounts, stocks, bonds, money market accounts, IRA's, annuities, retirement funds, 401K's, 403B's, cash value of life insurance policies, equity in real estate, items held as an investment, etc. You must also include the value of any assets disposed of in the past 24 months for less than fair market value.

ASSET INSTRUCTIONS:

- List assets for all household members, including minors.
- Cash value is market value minus any costs/penalties/fees required to convert to cash.

(Additional household members—use a separate sheet of paper. Do not complete for Minors who do NOT have assets.)

Type of Asset	Head of Household			Co-Head and/or Other Member		
	Check One	Approx Cash Value	Income from Asset	Check one	Approx Cash Value	Income from Asset
1. Checking Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
2. 2 nd Checking Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
3. Savings Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
4. 2 nd Savings Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
5. Debit Card Payroll	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
6. Direct Express (SS/SSI)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
7. ACCESS Card (SSP/TANF)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
8. Reliacard (Unemployment)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
9. EPPICARD (Child Support)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$



10. Prepaid Debit Card	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
11. Cash on Hand	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
12. Certificate of Deposit(s) (CD's)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
13. Other Bank Accts	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
14. Mutual Fund	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
15. Stocks	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
16. Investment Accts (Portfolio, Brokerage, etc.)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
17. IRA/401K/etc.	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
18. 2 nd IRA/401K/etc.	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
19. Savings Bonds	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
20. Treasury Bills	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
21. Annuity	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
22. Revocable trust	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
23. Life Insurance	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
24. Real estate	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
25. Other asset	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
	TOTAL Assets	\$	\$	TOTAL Assets	\$	\$

Imputed Income. If total assets are more than \$5,000 multiply by .06%: \$ _____

Has anyone received any lump sum amounts in the past 2 years (i.e., lottery/ inheritance)? [] YES [] NO

Has anyone disposed of any assets for less than fair market value in the past 2 years? [] YES [] NO

If you answered 'YES' to the lump sum or disposed asset question above, please explain:

For each asset on the Asset Chart checked 'YES', please complete the following:

Type of Asset	HH Member	Name of Financial Institution/Company

(If necessary, please use an additional sheet to list additional asset sources.)



I/We certify that the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our continued eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Head of Household Signature: _____ Date: _____

Co-Head or Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.

MANAGEMENT USE ONLY: HOUSEHOLD INCOME TOTAL	
Total Household Income: \$ _____	Total Assets: \$ _____
Total Asset Income (greater of actual or imputed): \$ _____	Total Inc from Assets: \$ _____
TOTAL HOUSEHOLD INCOME: \$ _____	Total Imputed Inc from Assets: \$ _____

8/8/2019

