

Certification/Recertification Questionnaire

NAME _____

ADDRESS _____

PHONE _____

MOBILE PHONE _____

HOUSHOLD COMPOSITION & CHARACTERISTICS

List Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the Head of Household.

Member's Name	Relationship	Date of Birth	Age	Gender	SS Number

INCOME INFORMATION

Please answer each of the following questions. For each "yes", provide details in the charts below.

Does any member of your household:

- | <u>Yes</u> | <u>No</u> | |
|------------|-----------|--|
| ___ | ___ | Work full-time, part-time or seasonally? |
| ___ | ___ | Expect to work for any period during the next year? |
| ___ | ___ | Work for someone who pays them cash? |
| ___ | ___ | Expect a leave of absence from work due to lay-off, medical, maternity or military leave? |
| ___ | ___ | Now receive or expect to receive unemployment benefits? |
| ___ | ___ | Now receive or expect to receive child support |
| ___ | ___ | Entitled to child support that he/she is not now receiving? |
| ___ | ___ | Receive or expect to receive public assistance (welfare)? |
| ___ | ___ | Receive or expect to receive Social Security or disability benefits? |
| ___ | ___ | Receive or expect to receive income from a pension or annuity? |
| ___ | ___ | Receive or expect to receive regular contributions from organizations or individuals not living in the unit? |

List all income sources in the box below:

Member	Source & Type of Income	Annual Income

ASSETS

Do you receive any income from assets including interest on checking or saving accounts interest and/or dividends from certificates of deposit, stocks, or bonds or income from rental property? Yes No

List all checking and savings accounts (including IRA's Keogh accounts and Certificates of Deposit) of all household members.

Bank Name	Account Type	Account Number	Balance

Do you own real estate or any assets for which you receive no income (checking account, cash)? Yes No

List all stocks, bonds, trusts, pensions, or other assets and their value owned by any household member:

TENANT CERTIFICATION

I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS CERTIFICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

Signature of Head of Household _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____