

APPLICATION UPDATE

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

ALL QUESTIONS MUST BE ANSWERED.

Property Name: _____

HOUSEHOLD COMPOSITION

List each person who resides in the unit along with all requested information. Do not include minors who will be present less than 50% of the time. If more than 6 members, enter on a separate sheet.

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 adults include both earned income from jobs and unearned income. Do not include income from Foster Adults.*
- *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. Gig Income (Uber, Ebay, etc.)	[] YES [] NO	\$	[] YES [] NO	\$
9. Recurring Cash Contributions	[] YES [] NO	\$	[] YES [] NO	\$
10. Child Support	[] YES [] NO	\$	[] YES [] NO	\$
11. Informal Child Support	[] YES [] NO	\$	[] YES [] NO	\$
12. 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. <i>NOT food stamps</i>	[] YES [] NO	\$	[] YES [] NO	\$
18. Unemployment	[] YES [] NO	\$	[] YES [] NO	\$
19. Severance Pay	[] YES [] NO	\$	[] YES [] NO	\$
20. Pension	[] YES [] NO	\$	[] YES [] NO	\$
21. Veterans/VA Income	[] YES [] NO	\$	[] YES [] NO	\$
22. Investment Account*	[] YES [] NO	\$	[] YES [] NO	\$
23. Annuity Account *	[] YES [] NO	\$	[] YES [] NO	\$
24. Trust Account*	[] YES [] NO	\$	[] YES [] NO	\$
25. Disability/Death Benefits*	[] YES [] NO	\$	[] YES [] NO	\$
26. Student Financial Aid	[] YES [] NO	\$	[] YES [] NO	\$
27. Military Pay	[] YES [] NO	\$	[] YES [] NO	\$
28. Real Estate Rental Income	[] YES [] NO	\$	[] YES [] NO	\$
29. Other:	[] YES [] NO	\$	[] YES [] NO	\$
30. Other:	[] YES [] NO	\$	[] YES [] NO	\$
	TOTAL INCOME	\$	TOTAL INCOME	\$

* Regular periodic payments (weekly, monthly, quarterly, annually, etc.)



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

If 'YES', please explain: _____

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 (wherever held), all bank accounts, stocks, bonds, money market accounts, annuities (non-retirement accounts), cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (jewelry, art, coin or stamp collections, etc), 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. Do not include assets of Foster Adults/Children.
- 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	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
2. 2 nd Checking Acct	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
3. Savings Acct	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
4. 2 nd Savings Acct	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
5. Debit Card Payroll	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
6. Direct Express (SS/SSI)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
7. ACCESS Card (SSP/TANF) NOT FOOD STAMPS	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
8. Money Network Card (Unemployment)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$



9. EPPICARD (Child Support)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
10. Prepaid Debit Card	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
11. Cash (e.g., Safe Deposit Box, etc.)	[] 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. Portfolio, Brokerage, Investment Accts	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
17. Savings Bonds	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
18. Treasury Bills	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
19. Annuity (non-retirement)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
20. Trust	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
21. Life Insurance	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
22. Real estate	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
23. Cash/Digital Apps (Venmo, Paypal, etc.)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
24. Other asset	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
	TOTALS	\$	\$	TOTALS	\$	\$

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

Has anyone received a Federal Tax Refund in the past 12 months? [] YES, amount? _____ [] 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 either 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.)



DEDUCTIONS

1. Medical & Health Expenses (Elderly/Disabled Families ONLY):

Answer "yes" or "no" to each possible expense listed below.

<u>Medical Expense Sources</u>	<u>Yes</u>	<u>No</u>
Do you pay for Medicare?	_____	_____
Do you pay for any other medical insurance?	_____	_____
Do you have any outstanding medical bills on which you are paying?	_____	_____
Do you expect to have any medical expenses during the next 12 months?	_____	_____
Do you pay for your prescriptions?	_____	_____
Do you pay for any auxiliary apparatus, e.g., adaptations to vans, interpreters, etc., or attendant care to enable someone to work?	_____	_____
If yes, please describe: _____		

2. Child Care Expenses:

Answer "yes" or "no" to each item listed below.

	<u>Yes</u>	<u>No</u>
Do you currently pay for childcare services for any children under the age of 13 residing in your household?	_____	_____
If yes, is this service necessary in order for you to be employed?	_____	_____
If yes, are any of the expenses reimbursed by an outside source?	_____	_____

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: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

9/20/24

