

# RECERTIFICATION/ RENEWAL APPLICATION

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

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

**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 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 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 <sup>nd</sup> 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. <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. 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              | \$            |
|   | <b>TOTAL INCOME</b> | <b>\$</b>     | <b>TOTAL INCOME</b>         | <b>\$</b>     |

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



Are any income changes (including pay raises, seasonal worker, day laborer) 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: \_\_\_\_\_

### 2<sup>nd</sup> 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 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                             | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                | \$                | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                | \$                |
| 2. 2 <sup>nd</sup> 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 <sup>nd</sup> 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)<br>NOT FOOD STAMPS | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                | \$                | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                | \$                |
| 8. Money Network Card (Unemployment)         | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                | \$                | <input type="checkbox"/> YES <input type="checkbox"/> NO | \$                | \$                |



|   |                |    |    |                |    |    |
|---|----------------|----|----|----------------|----|----|
| 9. EPPICARD (Child Support)   | [ ] YES [ ] NO | \$ | \$ | [ ] YES [ ] NO | \$ | \$ |
| 10. Prepaid Debit Card  | [ ] YES [ ] NO | \$ | \$ | [ ] YES [ ] NO | \$ | \$ |
| 11. Cash (e.t., in a 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 | \$ | \$ |
|   | <b>TOTALS</b>  | \$ | \$ | <b>TOTALS</b>  | \$ | \$ |
| Has anyone received a Federal Tax Refund in the past 12 months? [ ] Yes, amount \$_____ [ ] NO            |                |    |    |                |    |    |
| 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 any question above, please explain (include amounts):                            |                |    |    |                |    |    |

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.

| Medical Expense Sources   | YES   | NO    |
|---|-------|-------|
| 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 in your household to work? | _____ | _____ |

If yes, please describe: \_\_\_\_\_

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### 2. Childcare Expenses:

Answer “yes” or “no” to each item listed below.

|  | YES   | NO    |
|--|-------|-------|
| 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).

*Complete this Section for **LIHTC Alternate (Self) Certifications ONLY.**  
Total Household Income goes on Alt Cert TIC at **TOTAL ANNUAL HOUSEHOLD INCOME.***

**MANAGEMENT USE ONLY: HOUSEHOLD INCOME TOTAL**

Total Household Income: \$ \_\_\_\_\_ (from Page 2 of Application\*)  
Total Asset Income: \$ \_\_\_\_\_ (from page 4 of Application\*)

**TOTAL HOUSEHOLD INCOME: \$ \_\_\_\_\_** *\*Include amounts for all HH members.*

