

<p>_____</p> <p>_____</p> <p>_____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p>	<p>The CHA requires proof for all statements made by you. Read the attached instructions carefully. Every section of this form must be fully and accurately completed. You must return the enclosed envelope with all required documents by:</p> <p>Date: _____</p> <p>WARNING: Failure to comply will result in the immediate termination of your rent subsidy.</p> <p>Your Caseworker: _____</p> <p>Phone: _____</p>
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A. People Who Live in Your Home

List all persons currently living with you in your apartment. **IMPORTANT:** If there has been any increase or decrease in your family composition during the last year, you must submit documents.

Full Name	Relationship	Sex (M/F)	Birth Date	Disabled Y or N	SSN	Student Y or N

B. Income Your Family Receives (read instructions on pages 5 & 6)

You must list all income for all family members including income from children currently living with you in your apartment.

Non-Wage Income

List all family members including children with non-wage income. Indicate the gross amount and how often received (weekly, monthly, yearly) within the appropriate box.

Family Member Full Name	SSN	SSI	Pension	Welfare	Other Income*
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

*Other Income (Indicate Source): _____

Wages

List all family members, including children, that are employed and their gross earnings. Indicate employer's name, address and phone number.

Family Member Full Name	Name & Address of Employer	Phone	Gross Earnings
			\$
			\$
			\$



Section 8 Recertification Declaration

C. Your Family Assets

List all the assets your family owns (read instructions on pages 5 & 6).

1. Bank Accounts or Savings Certificates

Bank	Account Number	Current Amount	Interest Last 12 Months
		\$	\$
		\$	\$
		\$	\$
		\$	\$

2. Stocks & Bonds

Name of Stock or Bond	Number of Shares	Value	Annual Dividend
		\$	\$
		\$	\$

3. Real Estate

Description & Location	Value	Annual Income
	\$	\$
	\$	\$

4. Other

Description	Value	Annual Income
	\$	\$
	\$	\$

D. Unreimbursed Medical Expenses or Childcare Expenses

Only complete this if you qualify (read instructions on pages 5 & 6). If you qualify for either unreimbursed medical expenses or childcare, complete the following:

Unreimbursed Medical Expenses

Family Member Full Name	Medical Expenses For (Explain)	Total Medical Expenses	Reimbursement Received	Balance
		\$	\$	\$
		\$	\$	\$

Child Care Expenses

Child's Name	Cost (for example, cost per week)
	\$
	\$

Section 8 Recertification Declaration

E. Questions/Checklist

Instructions: You must answer each question with a "Yes" or "No"

(This section will help ensure that you have completed the Recertification Declaration Form correctly.)

1. Yes No Did you list in Part A, all the people that live in your home?
If "No", read instructions on pages 5 & 6.
2. Yes No Did the number of people living with you change during the last year?
If "Yes", read instructions on pages 5 & 6.
3. Yes No Did you indicate your phone number on Page I of the declaration form?
If "No", please indicate your phone number, or a number where you can be contacted.
4. Yes No Did you sign the authorization form for the release of information (Form I)? This form must be completed and signed by all family members 18 years of age and older. This form is needed to contact any agencies, offices or organizations to obtain any information necessary to complete your recertification.
5. Yes No Did all unemployed members of your family 18 years of age or older complete and sign the statement of unemployment (Form B) If "No", read instructions on pages 5 & 6.
6. Yes No Is any member of your family a student 18 years of age or older?
If "Yes" read instruction on pages 5 & 6.
7. Yes No Did you indicate all of the income your family receives in Part B?
If "No", please read instructions on pages 5 & 6.
REMEMBER: YOU MUST PROVIDE PROOF OF INCOME.
8. Yes No Did you indicate all of your family's assets in Part C?
If "No", please read instructions on pages 5 & 6.
REMEMBER: YOU MUST PROVIDE PROOF OF ASSETS.
9. Yes No Did you answer all the questions?
If "No", read the above instructions. You must answer all questions.

GROUP IDENTIFICATION (Used for statistical purposes only)

The following information is required for statistical purposes so that the Department of HUD may determine the degree to which its programs are utilized. The following must be completed. It will not affect the processing of this recertification.

- | | | |
|---|---|---|
| 1. <input type="checkbox"/> White | 2. <input type="checkbox"/> Black | 3. <input type="checkbox"/> American Indian or Alaskan Native |
| 1A. <input type="checkbox"/> Hispanic | 2A. <input type="checkbox"/> Hispanic | 4. <input type="checkbox"/> Asian or Pacific Islander |
| 1B. <input type="checkbox"/> Non-Hispanic | 2B. <input type="checkbox"/> Non-Hispanic | 5. <input type="checkbox"/> Other |



Section 8 Recertification Declaration Federal Privacy Act Notice

For the Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation and the Public and Indian Housing Programs

Purpose: Family income and other income is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant’s eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

Use: HUD uses family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information furnished. HUD or a Public Housing Agency/Indian Housing Authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except permitted or required by law.

Penalty: You must provide all the information requested by the Public Housing Agency /Indian Housing Authority, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Authority For Information Collection: The following laws authorize the collection of this information by HUD or the Public Housing Agency/Indian Housing Authority: the U.S. Housing Act of 1937 (42 U.S.C. 1437 et.seq.), Title VI of the Civil Rights Act of 1964, and Title VIII of the Civil Rights Acts of 1968, The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the Social Security Number of all household members at least six (6) years old.

I declare that all statements, certifications and declarations made on this recertification form are true and complete to the best of my knowledge.

WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATION IS A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.

Signature: _____ Date: _____



Section 8 Recertification Declaration Instructions

Part B: Income Your Family Receives

You must list on your Recertification Declaration Form all the non-wage and wage income for all family members including children. In addition, you are required to provide proof of income as described below.

Non-Wage Income

List all family members, including children, with non-wage income (Social Security, SSI, Pension, Welfare, etc.) or income from the operation of a business. Indicate the gross amount and how often received (weekly, monthly, yearly) in the appropriate box. For business income or other types of non-wage income, use the box "other income", and explain in the space provided.

Wages

You must complete this section if any member of your family is employed. Indicate the family member's name, gross wages and the employer's name address and telephone number.

Proof of Income

You must provide proof of each source of income you listed in Part "B" of your Recertification Declaration Form. The proof of income provided cannot be more than 120 days old.

Only the Following are Acceptable:

Business Income	A certified copy of the most recent Federal Tax Return including all schedules.
Wages	<i>Form A: Verification of Wages</i> must be completed by the employer. A signed and dated letter from employer on company letterhead indicating gross salary will also be accepted.
Social Security/SSI	Award notification from Social Security Administration indicating the amount received.
Pension	<i>Form D: Pension Benefit Verification</i> must be completed by Pension Fund Administrator.
Public Assistance	<i>Form C: Verification of Public Assistance Benefits</i> must be completed by Welfare Department or you may submit a current budget sheet.
Unemployment Benefits	Letter or award notice from unemployment indicating amount received.
Other Types of Income	Award or other official notice indicating type, source and gross amount received per period.

Part C: Your Family Assets

List all the family members that own assets, the type of assets, the cash value and the interest/dividend received during the last 12 months. Assets include checking accounts, savings accounts, CD's, money markets, real estate, and stocks and bonds.

Verification of Assets

You must provide documentation that indicates the value of each asset and the total interest/dividend received during the last 12 months. *Form E: Bank Account Verification*, must be completed by the financial institution for checking/savings/money market accounts & CD's.

Part D: Unreimbursed Medical Expense Or Childcare Expenses *(Only complete this section if you are eligible)*

Unreimbursed Medical Expenses may be deducted for a family whose head or spouse is 62 years of age or older, disabled or handicapped as defined by law. The unreimbursed medical expenses must exceed 3% of your family income to qualify. You must submit verification of all medical expenses incurred during the last 12 months together with reimbursement received. If the expense is for medication, *Form G: Verification of Pharmacy Expenses* (enclosed) must be completed by the pharmacist.



Section 8 Recertification Declaration Instructions (Continued)

Part D (Continued):

Childcare Expenses

Defined as the amount paid by the family for the care of children under 13 years of age, where such care is necessary to enable a family member to be gainfully employed or to further his or her education, may also be deducted. In order to receive a deduction for childcare expenses, *Form H: Verification of Childcare Expenses*, must be completed by the childcare provider.

Part E: Question/Checklist

This section will help ensure that you completed your Recertification Declaration Form correctly. Answer all questions by checking either the Yes or No box. The result of your answers may require you to provide documents or forms.

Part F: Declaration of Assets, Certification And Federal Privacy Act Notice

This section contains important information that must be fully read and understood. Your signature certifies that you have read and understand the information in this section. Please sign the Recertification Declaration Form at the bottom of page 4.

Submission of Your Recertification Declaration Form

Please return all required forms and documents in the enclosed envelope. Before mailing, please be sure that you:

- Signed the Recertification Declaration Form
- Signed the Authorization of Release of Information Form
- Include Income Verification
- Include Asset Documentation

Description Of Attached Forms

Form A	The Wage Verification form, showing earnings for all employed individuals, must be completed. This form must be completed by your employer, NOT BY YOU. PLEASE MAKE COPIES IF NECESSARY.
Form B	The Unemployment Statement form must be completed and signed for each unemployed family member (18 years & older).
Form C	The Verification of Public Assistance Benefit form is used to verify benefits for each family member receiving assistance, This form must be completed by the welfare department, NOT BY YOU.
Form D	The Pension Benefit Verification form is used to verify the income of family members receiving a pension. This form is to be completed by the pension fund administrator, NOT BY YOU.
Form E	The Bank Account Verification form is used to verify the interest rate and balance of your household assets (i.e. savings, checking, CD's, etc.), This form is to be completed by your bank, NOT BY YOU.
Form F	The Verification of Student Status form should be completed for any family member 18 years of age or older, who is a full-time student. This form is to be completed by the educational institution, NOT BY YOU.
Form G	The Verification of Pharmacy Expenses is used to determine the yearly expense for prescription drugs. This form only applies if the head-of-household is handicapped, disabled or 62 years of age or older. This form is to be completed by a pharmacist, NOT BY YOU.
Form H	A Verification of Childcare Expenses should be completed when the participant utilizes the services of a day care center or babysitter for children 12 and under. This form is to be completed by the service provider, NOT BY YOU.