

RECERTIFICATION UPDATE

Complex Code _____

Date _____

Please list all current information and note any changes which may have occurred since your last certification.

1. RESIDENT INFORMATION

Name _____

Address _____ Home Phone # _____

Head Work Phone # _____ Co-Tenant Work Phone # _____

2. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

| | Name | Relationship to head | Marital Status D-divorced S-single L-legal separation E-estranged | Birth Date | Age | SS# | Student Y/N |
|------|------|----------------------|---|------------|-----|-----|-------------|
| Head | | | | | | | |
| Co-T | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |

| | |
|--|--|
| Is this the entire household to occupy the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No. | |
| If no, list and explain | |
| | |
| No one else can join the household without prior management approval. Do you plan to have anyone living with you in the future who is not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, list and explain. | |
| | |
| Have there been any changes in this household since the previous certification? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, what were the Changes? | |
| | |

| | |
|--|---|
| Is the head or spouse of this household handicapped or disabled? | <input type="checkbox"/> Yes <input type="checkbox"/> No. |
| Do you need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or Apparatus for hearing assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No. |
| If yes, describe | |
| | |
| | |

To be clear in regard to government definitions, we will now go over a checklist of household income and assets. Please answer yes or no to the following and if yes, provide the amounts. Do you or any family member have income from:

| | | | |
|--|------------------------------|-----------------------------|----|
| Social Security? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| SSI? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Pension/Annuity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Veterans Benefits? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Unemployment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Workman's Comp? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| TANF/Public Assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Employment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Do you receive Alimony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Are you entitled to receive Alimony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Do you receive Child Support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Are you entitled to receive Child Support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Military Pay? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Net Income from Business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Contributions from Friends/Relatives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Income from Assets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| Other Income? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |
| **Grants or Scholarships? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | \$ |

[**Not included in calculating income, but may aid management in determining student status as well as financial ability to pay rent.]

Do you file Income Tax returns? Yes No

Please list total household income for previous year. \$ _____

If this differs from current year, please explain: _____

Do you or a family member have any of the following assets?

| | | | | | |
|-------------------------|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|
| Checking Accounts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Stocks or Bonds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Savings Accounts | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mutual Funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Certificates of Deposit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trust Accounts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| IRA | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Life Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Retirement Funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Real Estate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| | |
|--|--|
| Real Estate Property: <i>Do you own any property?</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes,</i> Type of property | |
| Location of property | |
| Appraised Market Value | \$ |
| Mortgage or outstanding loans balance due | \$ |
| Amount of annual insurance premium | \$ |
| Amount of most recent tax bill | \$ |

| | |
|---|--|
| Have you sold/disposed of any property in the last 2 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes,</i> Type of property | |
| Market value when sold/disposed | \$ |
| Amount sold/disposed for | \$ |
| Date of transaction | |

| | |
|---|----|
| Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <i>If yes,</i> describe the asset | |
| Date of disposition | |
| Amount disposed | \$ |

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|---|
| Do you have any other assets not listed above (excluding personal property)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <i>If yes, please list:</i> |
| |
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|---|
| Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

IF YES, ANSWER THE FOLLOWING QUESTIONS:

| | | |
|--|------------------------------|-----------------------------|
| Are any full-time student(s) married and filing a joint tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a TANF or a title IV recipient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Certification by Tenant(s): I/We have understood and answered all questions on this recertification update. I/We certify that all answers are true to the best of My/Our knowledge and that any misrepresentations of information or false statements are punishable under Federal Law.

(Signature of Head of Household)

(Date)

(Signature of Tenant #2)

(Date)

(Signature of Tenant #3)

(Date)

(Signature of Tenant #4)

(Date)