

RECERTIFICATION UPDATE

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

1. RESIDENT INFORMATION

Name _____
 Address _____
 Home Phone # _____ Cell Phone # _____
 Head E-Mail address _____ Co-Tenant contact # _____
 Emergency Contact name _____ Telephone Number _____

2. HOUSEHOLD COMPOSITION

List ALL occupants who will live in the unit. List the head of household first.

	Name	Relationship to head of household	Marital Status M-Married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Fulltime graduate Student?
Head							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Is this the entire household to occupy the unit? Yes No

If no, explain:

No one else can join the household without prior landlord and HACC approval. Do you plan to have anyone living with you in the coming year who is not listed above? Yes No

If yes, list and explain:

Is the head or spouse of this household handicapped or disabled? Yes No

Do you need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or Apparatus for hearing assistance? Yes No

If yes, describe:

4. ASSETS

(Please provide verification data evidencing the assets)

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Certificates	#	Bank	Balance \$
	#	Bank	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Life Insurance Policy	#		Cash Value \$
Life Insurance Policy	#		Cash Value \$
Please provide verification data evidencing the assets			
Mutual Funds	Name:		Interest or Dividend \$ Value \$
	Name:		Interest or Dividend \$ Value \$
Stocks	Name:		Dividend Paid \$ Value \$
	Name:		Dividend Paid \$ Value \$
Bonds	Name:		Interest or Dividend \$ Value \$
	Name:		Interest or Dividend \$ Value \$
Investment Property			Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	Yes	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?	Yes	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)?	
	Yes No
<i>If yes, describe the asset</i>	
Date of disposition	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?		Yes No
<i>If yes, please list:</i>		

<p>Will all of the occupant 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?</p> <p style="text-align: right;">Yes No</p>
--

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	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?	Yes	No
5. EXPENSES		
<p>If the head or spouse of the household is at least 62 or disabled – are there Out of Pocket medical expenses? Yes No</p> <p>If so, please provide verification data evidencing these expenses.</p>	<p>Amt paid per month \$_____</p>	
<p>Does the head of household pay for childcare to permit employment, job training or to attend school? Yes No</p> <p>If yes, please provide name of provider, address, phone number and fax number:</p>	<p>Amt paid per month \$_____</p>	

6. ADDITIONAL INFORMATION		
Are you or any members of your family currently using an illegal substance?	Yes	No
Have you or any member of your family been arrested or convicted of a drug related activity during the last year?	Yes	No
Have you or any member of your family been convicted of a felony or any other criminal activity during the last 3 years? If yes, describe:	Yes	No
Have you or anyone in the household been required to register as a life time sex offender?	Yes	No
Other than the current address, have your or any household member lived in another State, within the past year? If yes, please list household member and state:	Yes	No

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We, by signing below provide permission for the Authority to obtain verification of Household Composition as required. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE(S):

(Signature of Head of Household)	Date
(Signature of Co-Tenant 18+)	Date
(Signature of Co-Tenant18+)	Date
(Signature of Co-Tenant18+)	Date
(Signature of Co-Tenant18+)	Date