

# TENANT RECERTIFICATION CHECKLIST

(03/19)

Project Name	Unit Number	Number of Bedrooms
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As a recipient of a federal housing subsidy, you are required to submit information regarding household members, income, assets and expenses on an annual basis so that we can determine continuing eligibility. Please complete the following:

1. List all occupants of the apartment

Occupant	Relationship
	Head of Household

2. Please answer the following questions, for each "Yes" answer provide the details in the chart below.

Is any member of your household a student enrolled at an institution of higher education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of your household employed? (Full-time, Part-time, Seasonal, Self-Employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member of your household expect to work during the next twelve months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member of your household work for someone who pays them in cash?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of your household on leave of absence from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does any member of your household receive or expect to receive the following during the next 12 months?	
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability Benefits or Workers Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support or Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of your household entitled to child support/alimony that they are not receiving?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Assistance (TANF) or Tribal General Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security or SSI Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income from a Pension or Annuity	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular Contributions From an Outside Person/Source	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Income (Property, Land, Etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mineral Lease or Royalty Payments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Income Not Listed Above	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each type of income your household receives, list the source and the amount expected from that source during the next 12 months.

Family Member	Source of Income or School Attended (name and address)	Annual Income


3. List financial accounts of **all** household members. (Checking, Savings, CD's, IRA's, Keogh Accounts, Mutual Funds, Annuities, Trust Accounts, Pension Accounts, Life Insurance Policies, Burial Accounts, Stocks or Bonds)

Family Member	Financial Institution	Type of Account	Current Balance
		Checking	
		Savings	

4. Do you own a home or other real estate? ☐ Yes ☐ No If yes, please provide information below:

5. Did you have any assets in the last two years not listed above? ☐ Yes ☐ No

If yes, did you dispose of any assets for less than fair market value? ☐ Yes ☐ No  
 (Assets that were either given away or sold at less than the allotted market value.) If yes, please list the type of assets, the market value at the time of disposition, the amount received, and the date you disposed of the assets:

Expenses	Verification Information	Amount
Childcare Expenses (Age 12 or Under) for care Necessary to Enable a Family Member to Work, Seek Employment or Further Their Education.		
Disability Assistance Attendant Care/Auxiliary Apparatus for Care Necessary to Enable a Family Member to Work		
<b>“ELDERLY” FAMILIES ONLY (Head, spouse or co-head, age 62 or over or handicapped or disabled.)</b>	<b>Verification Information</b>	<b>Amount</b>
Health Insurance/Long Term Care Insurance Premiums		
Out of Pocket Medication Expenses		
Other Out of Pocket Medical Expenses		
Dental/Optical/Hearing Expenses		

I/we certify that the information provided above are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under federal law.

Head of Household Signature	Date
Spouse or Co-Tenant Signature	Date