

Important Information About Your Recertification

Please read this carefully before completing the recertification form.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Arbor Housing and Development.

- The recertification must be completed in the handwriting of the head of household. Incomplete recertifications will not be processed.
- Assistance with completing the form is available through Arbor Housing and Development.
- Use the full legal name of each person listed on the recertification as it appears on their social security card.
- Please print all answers.
- Answer all questions on the recertification form. Do not leave any questions blank. If a question does not apply to you such as “*What is your telephone number*” and you do not have a telephone, write “none”.
- All yes/no questions must be checked to indicate whether your response is a “yes” or “no”.
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the recertification.
- The legal head of household and all adults age 18 and over must sign and date the recertification form.
- Where indicated on this form, the questions apply to all members of the family listed on the recertification.
- The information that you provide on this recertification must be true and complete. It is a violation of federal and state criminal law to make false statements on a recertification for housing assistance. If you do not understand a question, please ask for our assistance.
- Be advised that Arbor Housing and Development may conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

Americans with Disabilities Act

We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.

PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

Start on the first line with the head of household. Complete the information for all adults and children that live in the home. List all adults first, then children. In the "relation" box enter one of the codes below to identify the relationship of each household member to the head of household.

H=Head of Household K=Co-Head (not married) S=Spouse (married) A=Other Adult R=Room-Mate
 Y=Youth under age 18 F=Foster Child E=Full Time Student over age 18 L=Live-in aide

Head of Household

Last Name (include Jr, Sr, etc)		First Name	M.I.	Date of Birth	Sex M F <input type="checkbox"/> <input type="checkbox"/>	Relation H
Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>	Race (check one) __ White __Black __Native Hawaiian/Other Pacific Islander __Asian __ American Indian/Alaska Native			Ethnicity (check one) __ Hispanic __Non-Hispanic		
US Citizen Yes No <input type="checkbox"/> <input type="checkbox"/>	Social Security Number or Alien Registration Number		If full time student, name of school attending			

Family Member 2

Last Name (include Jr, Sr, etc)		First Name	M.I.	Date of Birth	Sex M F <input type="checkbox"/> <input type="checkbox"/>	Relation
Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>	Race (check one) __ White __Black __Native Hawaiian/Other Pacific Islander __Asian __ American Indian/Alaska Native			Ethnicity (check one) __ Hispanic __Non-Hispanic		
US Citizen Yes No <input type="checkbox"/> <input type="checkbox"/>	Social Security Number or Alien Registration Number		If full time student, name of school attending			

Family Member 3

Last Name (include Jr, Sr, etc)		First Name	M.I.	Date of Birth	Sex M F <input type="checkbox"/> <input type="checkbox"/>	Relation
Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>	Race (check one) __ White __Black __Native Hawaiian/Other Pacific Islander __Asian __ American Indian/Alaska Native			Ethnicity (check one) __ Hispanic __Non-Hispanic		
US Citizen Yes No <input type="checkbox"/> <input type="checkbox"/>	Social Security Number or Alien Registration Number		If full time student, name of school attending			

Family Member 4

Last Name (include Jr, Sr, etc)		First Name	M.I.	Date of Birth	Sex M F <input type="checkbox"/> <input type="checkbox"/>	Relation
Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>	Race (check one) __ White __ Black __ Native Hawaiian/Other Pacific Islander __ Asian __ American Indian/Alaska Native			Ethnicity (check one) __ Hispanic __ Non-Hispanic		
US Citizen Yes No <input type="checkbox"/> <input type="checkbox"/>	Social Security Number or Alien Registration Number	If full time student, name of school attending				

Family Member 5

Last Name (include Jr, Sr, etc)		First Name	M.I.	Date of Birth	Sex M F <input type="checkbox"/> <input type="checkbox"/>	Relation
Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>	Race (check one) __ White __ Black __ Native Hawaiian/Other Pacific Islander __ Asian __ American Indian/Alaska Native			Ethnicity (check one) __ Hispanic __ Non-Hispanic		
US Citizen Yes No <input type="checkbox"/> <input type="checkbox"/>	Social Security Number or Alien Registration Number	If full time student, name of school attending				

Family Member 6

Last Name (include Jr, Sr, etc)		First Name	M.I.	Date of Birth	Sex M F <input type="checkbox"/> <input type="checkbox"/>	Relation
Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>	Race (check one) __ White __ Black __ Native Hawaiian/Other Pacific Islander __ Asian __ American Indian/Alaska Native			Ethnicity (check one) __ Hispanic __ Non-Hispanic		
US Citizen Yes No <input type="checkbox"/> <input type="checkbox"/>	Social Security Number or Alien Registration Number	If full time student, name of school attending				

Family Member 7

Last Name (include Jr, Sr, etc)		First Name	M.I.	Date of Birth	Sex M F <input type="checkbox"/> <input type="checkbox"/>	Relation
Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>	Race (check one) __ White __ Black __ Native Hawaiian/Other Pacific Islander __ Asian __ American Indian/Alaska Native			Ethnicity (check one) __ Hispanic __ Non-Hispanic		
US Citizen Yes No <input type="checkbox"/> <input type="checkbox"/>	Social Security Number or Alien Registration Number	If full time student, name of school attending				

Family Member 8

Last Name (include Jr, Sr, etc)		First Name	M.I.	Date of Birth	Sex M F <input type="checkbox"/> <input type="checkbox"/>	Relation
Disabled Yes No <input type="checkbox"/> <input type="checkbox"/>	Race (check one) __ White __ Black __ Native Hawaiian/Other Pacific Islander __ Asian __ American Indian/Alaska Native			Ethnicity (check one) __ Hispanic __ Non-Hispanic		
US Citizen Yes No <input type="checkbox"/> <input type="checkbox"/>	Social Security Number or Alien Registration Number		If full time student, name of school attending			

Answer the following questions about all members of the household:

- Does anyone other than an adult who lives in the home share custody of any of the children listed?
 Yes No If yes, who? _____
- Does anyone who lives in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes
 No If yes, who? _____
- Is anyone living in the home expecting a child?
 Yes No If yes, who? _____
- Is there anyone not listed on the recertification who is temporarily absent from the home?
 Yes No If yes, who? _____
- Has anyone who lives in the home ever used another social security number other than the one listed on this recertification?
 Yes No If yes, who? _____
- Has anyone who lives in the home ever used another name, other than the one they are using now (for example: a maiden name)?
 Yes No If yes, what was the name? _____
- Is there anyone who lives in the home who is attending college (part or full-time) or will attend in the next 12 months?
 Yes No If yes, who? _____
- Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No
If yes, who? _____
What do they require? _____

PART B: PRESENT HOUSING INFORMATION
List your current address, telephone number(s) and email address.

- Current Street Address: _____
- Current City, State, Zip Code: _____
- Current Telephone Number(s): _____
- Current email address: _____

PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all of the members of your household.

1. Has any household member ever been arrested for any crime? Yes No

If yes, who? _____ How many times? _____ Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed) _____

2. Has any household member ever been convicted of any crime? Yes No

If yes, who? _____ How many times? _____ What crime(s)? _____

3. Is any household member a subject to lifetime sex offender registration? Yes No

If yes, who? _____ In what State(s)? _____

4. Is any household member currently abusing alcohol or using illegal drugs? Yes No

If yes, who? _____

PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY.

(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

1. Did you or any family member file a federal income tax return for the past year? Yes No

If yes, who? _____

2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?

Wages, salaries, over-time, tips, bonuses, fees or commissions from an employer? Yes No

Money from self employment? Yes No

Compensation for personal services? Yes No

Income from the operation of a business or profession? Yes No

Interest, dividends or other income from real or personal property? Yes No

Payments from Social Security? Yes No

Payments from Supplemental Security Income (SSI)? Yes No

Payments from State Supplement Program (SSP)? Yes No

Payments from annuities? Yes No

Payments from life insurance policies? Yes No

Payments from retirement funds? Yes No

Payments from pensions? Yes No

Payments from disability benefits (through employer or insurance agency)? Yes No

Payments from death benefits? Yes No

Lump sum payments for the delayed start of periodic payments? Yes No

Unemployment compensation? Yes No

Disability compensation? Yes No

Worker's compensation? Yes No

Severance pay? Yes No

- Welfare, Public Assistance, TANF payments? Yes No
- Food Stamps, SNAP? Yes No
- Alimony payments, spousal support, maintenance? Yes No
- Child support payments? Yes No
- If Yes, what is the name of the absent parent? _____
- Regular contributions of cash or gifts from anyone? Yes No
- Regular or special military pay? Yes No
- Veteran's Benefits (VA) ? Yes No
- Financial assistance to attend school Yes No

3. If you answered YES to any of the questions from question # 2 above, list the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source (name of company, agency, person)	Street address, city, state, zip of income source	Amount \$	Frequency – (Circle one)
			\$	Weekly Bi-Weekly Monthly Yearly
			\$	Weekly Bi-Weekly Monthly Yearly
			\$	Weekly Bi-Weekly Monthly Yearly
			\$	Weekly Bi-Weekly Monthly Yearly
			\$	Weekly Bi-Weekly Monthly Yearly
			\$	Weekly Bi-Weekly Monthly Yearly

What is the total approximate annual income of all household members? \$ _____

4. Complete for all SELF EMPLOYMENT INCOME, or check: NONE ()

Who receives income?	Monthly gross income from business: \$	Business expenses:		
Type of business:		Type	Amount	Frequency
		_____	\$ _____	_____
		_____	\$ _____	_____
		_____	\$ _____	_____
Address of business:		_____	\$ _____	_____
		_____	\$ _____	_____

5. Complete for all contributions (example: cash, toiletries, groceries, clothing) received, **or check: NONE** ()

Who receives contribution?	How often received:	Amount received, or value of goods: \$
Type of income:	Type of contribution (example: cash, toiletries, groceries, clothing):	
Payer Name:	Payer's address:	Payer's phone #

PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY

(An asset is something of value that can be converted to cash)

1. Do you or any family member own or have access to any of the following?

- Savings account? Yes No Checking account? Yes No
 Certificate of deposit? Yes No Money market account? Yes No

Family Member Name	Bank Name	Balance in Account	Interest Rate
<i>Example: John Smith</i>	<i>XYZ Bank</i>	<i>\$500.00</i>	<i>0.9%</i>
		\$	
		\$	
		\$	

2. Do you or any family member own or have access to any of the following?

- Stocks? Yes No Bonds? Yes No
 Real property (land)? Yes No Trust funds? Yes No
 Pensions, Retirement funds? Yes No Individual retirement accounts? Yes No
 Inheritances? Yes No Life insurance policies? Yes No
 Burial fund? Yes No Other type of capital investment? Yes No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Value of Asset	Annual Income from Asset
		\$	\$
		\$	\$
		\$	\$

3. Have you or any family member sold or given away any assets within the past 2 years for less than their fair market value?
 Yes No

If yes, what was the asset? _____

What was the fair market value of the asset? \$ _____

How much was received for the asset? \$ _____

What was the date the asset was sold or given away? _____

PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have child care expenses for a child age 12 or younger? Yes No

If yes, complete the following:

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	
				\$
				\$
				\$
				\$

2. If yes, is any portion of these childcare expenses reimbursed from an outside agency or person? Yes No

If yes, how much is reimbursed per month? \$ _____

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work?

Yes No If yes, complete the following:

Care Attendant			Amount Monthly
Name	Address	Phone Number	
			\$

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work?

Yes No If yes, what is the anticipated monthly cost? \$ _____

5. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent	\$		
Electric	\$		
Gas	\$		
Water	\$		
Sewer	\$		
Telephone, Cell Phone	\$		
TV Cable	\$		
Car payment(s)	\$		
Car Insurance	\$		
Gas for car	\$		
Life Insurance	\$		
Health Insurance	\$		
Loans	\$		
Renters Insurance	\$		

Rentals	\$		
Clothing	\$		
Food	\$		
Transportations	\$		
Credit Cards	\$		
Other	\$		
TOTAL MONTHLY	\$		

6. Medical Expenses (These questions only apply if the head, spouse or cohead is 62 years or older or is disabled)

Do you or any member of the household receive Medicaid? Yes No

If yes, who receives Medicaid? _____

Does the person receiving Medicaid have a monthly spend down? Yes No

If yes, how much is the monthly spend down? \$ _____

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums? Yes No
- Long term care insurance? Yes No
- Out of pocket prescription expenses? Yes No
- Past due medical bills? Yes No
- Other anticipated medical expenses? Yes No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Name of Doctor, Pharmacy, Insurance Co., Agency	Address of Doctor, Pharmacy, Insurance Co., Agency	Monthly Amount
				\$
				\$
				\$
				\$
				\$
				\$



Certification of the Participant

I hereby certify that all of the information I have provided on this recertification is true and complete. I understand that I am required to notify Arbor Housing and Development of any changes in my income and family members in writing within ten (10) business days of such change, and that I cannot permit any person to live in my unit without prior approval from Arbor Housing and Development and my landlord. I understand that I can have guests but that I cannot have a guest for more than a total of 60 days or 15 consecutive days in a calendar year. I certify that the house/apartment will be my principle residence and that I will not obtain duplicate Federal housing assistance while I am in this program. I understand that I must supply all information needed to determine my eligibility and that I must attend pre-scheduled appointments and sign needed forms. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.

Signature of Head of Household	Date
Signature of Spouse or Cohead	Date
Signature of Other Adult	Date
Signature of Other Adult	Date
Signature of Room-Mate	Date
Signature of Room-Mate	Date

Certification of Arbor Housing and Development

I hereby certify by my signature that I have explained all questions on this recertification form and reviewed the answers provided by the head of household to ensure that these questions were fully understood.

Signature of AHD Representative	Date
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