

RECERTIFICATION (RENEWAL) QUESTIONNAIRE

(To be used at the time of recertification only)

(For Office Use Only)

Date Mailed: _____

Date Received: _____

Recert Due Date: _____

Tenant

Name: _____ Unit: _____

Person to contact in case of emergency: _____ Phone: _____

Address: _____ Relationship: _____

Complete for ALL household members (including the head of household, all adults, and all minors):

Name	Birth date	Social Security Number	Is HH member a full time student? (circle yes or no)		Is HH member employed? (circle yes or no)	
			YES	NO	YES	NO

List ALL sources of income for all members of the household that you have disclosed on page 2 of this questionnaire:

Name of Household Member	Source of Income	Mailing Address	Phone Number and Contact Person	Gross Amount List by week, month, etc.

List ALL assets for all members of the household that you have disclosed on page 2 of this questionnaire:

Name of Household Member	Type of Asset (Checking, savings, CD etc.)	Account Number	Bank & Mailing Address

I certify that the information listed above and on page 2 is true and correct to the best of my knowledge. I acknowledge that I have been informed that this information is being obtained to verify the household's on going eligibility and compliance with the Low-Income Housing Tax Credit Program as regulated by Section 42 of the Internal Revenue Code.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please circle YES or NO for every item listed below and indicate amount under the appropriate HH members name

Does any Household Member have any:	Member:		(Head)	(#2)	(#3)	(#4)	(#5)
Checking Accounts	YES	NO	\$	\$	\$	\$	\$
Savings Accounts	YES	NO	\$	\$	\$	\$	\$
Certificates of Deposits	YES	NO	\$	\$	\$	\$	\$
Money Market Funds	YES	NO	\$	\$	\$	\$	\$
Stocks/Bonds	YES	NO	\$	\$	\$	\$	\$
Treasury Bills	YES	NO	\$	\$	\$	\$	\$
IRA/Keough Accounts	YES	NO	\$	\$	\$	\$	\$
Company Retirement Accounts	YES	NO	\$	\$	\$	\$	\$
Life Insurance Policies (Whole Life)	YES	NO	\$	\$	\$	\$	\$
Pension Funds	YES	NO	\$	\$	\$	\$	\$
Trust Accounts	YES	NO	\$	\$	\$	\$	\$
If yes, is it irrevocable?	YES	NO	\$	\$	\$	\$	\$
Cash held in Safety Deposit Boxes, etc.	YES	NO	\$	\$	\$	\$	\$
House/Real Estate	YES	NO	\$	\$	\$	\$	\$
Rental Property	YES	NO	\$	\$	\$	\$	\$
Other Investments	YES	NO	\$	\$	\$	\$	\$
Have you received any lump sum payments such as the following:							
Inheritances	YES	NO	\$	\$	\$	\$	\$
Lottery or other Winnings	YES	NO	\$	\$	\$	\$	\$
Insurance Settlements	YES	NO	\$	\$	\$	\$	\$
Workers' Compensation Settlements	YES	NO	\$	\$	\$	\$	\$
Social Security Disability Settlements	YES	NO	\$	\$	\$	\$	\$
Unemployment Compensation Settlements	YES	NO	\$	\$	\$	\$	\$
VA Disability Settlements	YES	NO	\$	\$	\$	\$	\$
Severance Pay	YES	NO	\$	\$	\$	\$	\$
Capital Gains	YES	NO	\$	\$	\$	\$	\$
Other	YES	NO	\$	\$	\$	\$	\$
Have you disposed of any assets for less than fair market value in the past 2 years?	YES	NO	\$	\$	\$	\$	\$
Do you receive any of the following:							
Wages, Salary, etc. thru Employment	YES	NO	\$	\$	\$	\$	\$
Income from a Business or Profession	YES	NO	\$	\$	\$	\$	\$
Social Security	YES	NO	\$	\$	\$	\$	\$
SSI	YES	NO	\$	\$	\$	\$	\$
AFDC or other Public Assistance	YES	NO	\$	\$	\$	\$	\$
Alimony	YES	NO	\$	\$	\$	\$	\$
Child Support	YES	NO	\$	\$	\$	\$	\$
Unemployment Compensation Settlements	YES	NO	\$	\$	\$	\$	\$
Workers' Compensation Settlements	YES	NO	\$	\$	\$	\$	\$
Severance Pay	YES	NO	\$	\$	\$	\$	\$
Retirement Income	YES	NO	\$	\$	\$	\$	\$
Annuities Income	YES	NO	\$	\$	\$	\$	\$
Insurance Policies Income	YES	NO	\$	\$	\$	\$	\$
Disability or Death Benefits	YES	NO	\$	\$	\$	\$	\$
Income from Rental Property	YES	NO	\$	\$	\$	\$	\$
Regularly Recurring monetary gifts	YES	NO	\$	\$	\$	\$	\$