

# 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	\$	\$	\$	\$	\$