

**Annual Recertification
Personal Declaration**

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL ADULTS

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the Social Security card. All adult members of the household must sign below certifying the information pertaining to them.

PLEASE PRINT AND COMPLETE THIS FORM IN INK

Unit address: _____ Phone Number: _____

| HOUSEHOLD COMPOSITION (Complete for all persons in the household): | | | | |
|--|-------|------------------------|--------------------------------|-----------------------------|
| Name: | | Social Security Number | Is Person a Full-time Student? | |
| Last | First | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

TOTAL HOUSEHOLD INCOME: List below all money earned or received by everyone living in your household. This includes money from wages, self-employment, Social Security, disability payments (SSI), Workers' Compensation, retirement benefits, K-TAP, Veterans benefits, rental property income, stock dividends, and income from bank accounts, alimony and babysitting.

| Name of Household Member Receiving Income | Name/Address of Employer (if employed) | Gross Weekly Wages | Other Sources of Income | Gross Weekly Income from Other Sources |
|---|--|--------------------|-------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Are you entitled to child support benefits? Yes No
 If yes, do you receive child support benefits? Yes (Monthly benefit: \$_____) No
 If no, what attempts are you making to collect the entitled child support benefits?

(please explain)

Do you have any other income not listed? Yes No

If yes, please list source: _____

An adult member of the household has no income.

List adult members with no income: _____

Does anyone help you pay your bills? Yes No

If yes, please list: _____

ASSETS:

Do you or anyone in your household have a checking and/or savings account? Yes No

If yes, please list: _____

Do any household members have or receive income from: (Check if applies)

- Real estate Trust Certificates of deposit
- Stocks Bonds Insurance settlements
- Company retirement/pension funds

Have you disposed of any assets during the past two years for less than fair market value?

Yes No

If yes, explain: _____

List other assets: _____

I certify that no one in the household has assets.

I/We understand that the foregoing information provided to the owner/landlord will be relied upon in the preparation and submission of eligibility compliance reports required by the Internal Revenue Service, United States Department of the Treasury.

I/We hereby affirm that the information provided in this application is true and correct and that I/We have not knowingly withheld any facts or circumstance which would, if disclosed, effect eligibility unfavorably.

| | | | |
|------------------------------|---------------|------------------------------|---------------|
| _____ Signature of Lessee | _____ Date | _____ Signature of Lessee | _____ Date |
|------------------------------|---------------|------------------------------|---------------|

| | |
|---|---------------|
| Reviewed by: _____ Signature of Owner/Representative | _____ Date |
|---|---------------|