

SHEBOYGAN HOUSING AUTHORITY

Post Office Box 1052
Sheboygan, WI 53082-1052
Telephone (920) 459-3466

ANNUAL RECERTIFICATION

The U.S. Department of Housing and Urban Development requires the Housing Authority to obtain information from residents from time to time concerning their income, assets, and number of people living in our apartment. So that we may meet this Federal requirement, please fill out this form and return it to us.

Americans with Disabilities Act

We need your help to ensure that all 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.

- **Please read the following before completing the form; this form must be completed in its entirety.**
- Persons with disabilities or persons who are limited in their ability to read, write, speak, or understand English can seek assistance with completion of the form at the housing agency office.
- Use the full legal name of each person listed on the form as it appears on their social security card.
- Please print all answers.
- Answer all questions on the 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 form.
- The legal head of household and spouse/cohead (if any) must sign and date the form.
- Where indicated on this form, the questions apply to all members of the family listed on the form.
- The information that you provide on this form must be true and complete. It is a violation of federal and state criminal law to make false statements on a Recertification form. If you do not understand a question, please contact the Housing Authority Office.
- Be advised that the PHA will conduct criminal background checks and sex offender registration checks on all adult household members, (including live-in aides, if Section 8 participant).

Certification of the Participant

I hereby certify that all of the information I have provided on this form is true and complete. I understand that I am required to notify the housing authority in writing within 10 days, if there is any change in household income, or any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority (and my landlord) if a Section 8 Participant. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption, or court-awarded custody. 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 FRAUDULANT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

Signature of Head of Household _____
Date

Signature of Spouse or Cohead _____
Date

Printed name: _____

Address: _____

Phone/Cellphone number: _____

Email Address _____

PART A: INFORMATION ABOUT MEMEBERS OF HOUSEHOLD

List all **person's age 18 or older** (head/spouse/cohead regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
1.	HEAD					
2.						
3.						
4.						
5.						

List all children who will be living in the home, oldest to youngest.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # Or Alien Registration #	School Name
6.							
7.							
8.							
9.							
10.							

Answer the following questions about all members of the household:

- Is anyone who will be living in the home expecting a child? Yes No If yes, who? _____
- Is there anyone not listed on the reexamination form who is temporarily absent from the home?

Yes No If yes, who? _____

3. Has anyone who will be living in the home ever used another social security number other than the one listed on this reexamination form?

Yes No If yes, who? _____

4. Has anyone who will be living in the home ever used another name, other than the one they are using now?

Yes No If yes, who? _____

5. Is anyone who will be living in the home 18 or over and full-time student?

Yes No If yes, who? _____

6. Is anyone who will be living in the home attending college (part- or full-time?)

Yes No If yes, who? _____

7. 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: CRIMINAL BACKGROUND AND OTHER INFORMATION

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

1. During the last 12 months, has any household members been arrested for any crime? ... Yes No

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

2. During the last 12 months, has any household member been convicted of any crime? Yes No

If yes, 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 using illegal drugs? Yes No If yes, who? _____

PART C: INFORMATION ABOUT THE INCOME OF MEMEBERS 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, tips, fees, or commissions from an employer? (full or part-time) Yes No

Compensation for personal services? Yes No

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

Payments from Social Security? Yes No

Payments from Federal SSI and/or State SSI..... Yes No

Payments from insurance policies/ annuities? Yes No

Payments from retirement funds? Yes No

Payments from pensions? Yes No

Payments from disability benefits? Yes No

Payments from death benefits? Yes No

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

- Unemployment compensation? Yes No
- Worker's compensation? Yes No
- Severance pay Yes No
- Food share payments? Yes No
- W-2 payments Yes No
- Child support / Alimony payments?..... Yes No
- Regular contribution or gifts from anyone?..... Yes No
- Money from self employment?..... Yes No
- Regular or special military pay?..... Yes No
- Financial assistance to attend school?..... Yes No

3. List sources and amounts of all income (money) expected for the coming months for all family members from and all sources.

Family Members Name	Income Source/Employer	Amount \$	Frequency- (Circle one)		
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year

PART D: 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
 - Debit/Cash Card? Yes No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?
- Stocks/Bonds Yes No Life Insurance? Yes No
 - Real property (land)..... Yes No Trust Funds? Yes No
 - Pensions? Yes No Individual Retirement Accounts? Yes No
 - Any other type of Investment? Yes No

Family Member Name	Bank Name	Account Number	Value

PART E: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any family member have expenses for childcare 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. 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 that enables an adult member to work?
 (Could be the person with disabilities). 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?
 (Could be the person with disabilities). 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			
Telephone			
TV cable			
Car payment(s)			
Car insurance			
Life insurance			
Health insurance			
Loan			
Rentals			
Furniture			
Food			
Credit cards			

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 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	Monthly Amount