

**RECERTIFICATION QUESTIONNAIRE**

**Property:** \_\_\_\_\_ **Full Name:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

Single                      Married                      Divorced                      Widowed

**Part I. Household Composition**

List ALL individuals who are living or plan to live with you in your apartment:

HH Mbr	Full Name	Sex	Age	Relationship to Head of Household (HoH)	Student		If Student: Full Time (FT) or Part Time (PT) Student	
					Yes	No	FT	PT
1				HoH	Yes	No	FT	PT
2					Yes	No	FT	PT
3					Yes	No	FT	PT
4					Yes	No	FT	PT
5					Yes	No	FT	PT

Yes	No		HH Mbr#
		Do you expect any additions to the household within the next 12 months? If yes, please explain:	
		Are any household members temporarily absent?	
		Have you listed any household members who will be permanently absent from the unit?	
		Is any member of your household subject to the lifetime registration requirement under a state sex offender registration program?	

**Part II. Household Income**

Yes	No	Does your household have income from the sources listed below?	Monthly Gross Income	HH Mbr#
		Social Security Retirement Benefits	\$	
		Supplemental Security Income (SSI)	\$	
		Social Security Disability Income (SSDI)	\$	
		Black Lung Benefits	\$	
		Death Benefits	\$	
		Veterans Benefits	\$	
		Military Pay	\$	
		Unemployment Compensation	\$	
		Long-Term Medical Care Insurance Payments	\$	
		Locality:		
		Educational Funds                      Grant                      Scholarship	\$	
		Retirement Funds (Railroad, etc)	\$	
		Pension – Locality:	\$	
		Annuities – Locality:	\$	
		Worker’s Compensation	\$	
		Alimony/Spousal Support Payments (Attach Divorce Decree)	\$	

Yes	No	Does your household have income from the sources listed below?	Monthly Gross Income	HH Mbr#
		Child Support State: County:	\$	
		Temporary Assistance for Needy Families (TANF)	\$	
		Employment (wages, salaries, tips, commission, bonuses) Locality:	\$	
		Self-Employment (If yes, attach previous year income tax return)	\$	
		Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (excluded food stamps, groceries and/or day care costs when the day care center is paid directly by the gift-giver)	\$	
		Inheritance - When?	\$	
		Lottery Winnings - When?	\$	
		Insurance Settlement - When?	\$	
		Has the employment status of any household member changed? Description:	\$	
		Receive income under Title V of the Older Americans Act? If yes, select all that apply: RSVP Green Thumb Senior Aides Older American Community Service Foster Grandparents	\$	
		Other income not listed above? Description:	\$	

Part III. Household Asset Information				
Yes	No	Do you or your household have any of the following? Note: If multiple accounts, please indicate localities	Cash Value	HH Mbr#
		Checking Account(s). 1) 2)	\$ \$	
		Savings Account(s). 1) 2)	\$ \$	
		Holiday Fund. 1) 2)	\$ \$	
		Money Market Funds. 1) 2)	\$ \$	
		Trusts. Is the trust irrevocable? Yes No 1) 2)	\$ \$	
		Individual Retirement Account. (IRA) 1) 2)	\$ \$	
		Keogh Account 1) 2)	\$ \$	
		Capital Retirement Account 1) 2)	\$ \$	

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
		Stocks. 1) 2)	\$ \$	
		Bonds. 1) 2)	\$ \$	
		Annuity. 1) 2)	\$ \$	
		Certificate of Deposit (CD/TIS). 1) 2)	\$ \$	
		Rental Property or other Capital Investment – Monthly Income \$ 1) 2)	\$ \$	
		Personal Property held as an Investment 1) 2)	\$ \$	
		Life Insurance 1) 2)	\$ \$	
		Cash on Hand (CoH) – Cash Value \$ 1) 2)	\$ \$	
		Safety Deposit Box – Contents of the box? 1) 2)	\$ \$	
		Treasury Bills – Cash Value \$ 1) 2)	\$ \$	
		Mortgage 1) 2)	\$ \$	
		Other Retirement Funds 1) 2)	\$ \$	
		Other Accounts NOT Listed Above 1) 2)	\$ \$	
		Real Property Suitable for Occupancy? Current Status/Intentions: Keeping    Selling    Renting    Foreclosure Jointly Owned 1) 2)	\$ \$	

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
		Have you or a member of your household disposed of any asset for less than Fair Market Value in the past 2 years? If yes, please complete the Divestiture of Asset Form.		
		Are any assets held jointly with other persons? If yes, clarify:	\$	
		Are there any minor children in the household who have any assets? Savings      CD      Bonds      Other 1)	\$	
		Income from assets or sources other than those listed above? If yes, explain:	\$	
		Do your assets total \$100,000 or more?		

Part IV. Household Expenses				
Yes	No	Expenses	HH Mbr#	
		Are you a member of an elderly or disabled household? If yes, please list all current out-of-pocket medical expenses for your household (Medicare, medical insurance, dental, hearing, pharmacy, etc.):		
		If employed, is childcare paid as a result of work or looking for work? Locality:		
		Does anyone in the unit pay for equipment for any family member with a disability so that another family member can work?		
		Are there childcare expenses paid in order for you to continue your education?		
		Are there any Foster Children or Foster Adults who are part of the household?		
		Are there any Live-In Care Attendants who are part of the household?		

Part V. Student Status				
Yes	No	Student(s)	HH Mbr#	
		Will all of the persons in the household be, or have been, full-time students during five calendar months of this year; or, plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? <b>If yes, answer the following questions:</b>		
		Are any full-time student(s) a TANF or Title IV recipient?		
		Is the full-time student a person who was previously under the care and placement of a foster care program (under part B or E of Title IV of the Social Security Act)?		
		Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?		
		Are any full-time student(s) married and filing a joint income tax return?		
		Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return and whose children are not dependents on another's tax return other than a parent?		

**I/we certify that I/we have been asked the above statements and they are true and complete to the best of my/our knowledge. I/we understand that it is my/our responsibility to report to management changes in income and assets whenever they occur.**

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**Head of Household** **Date**

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**Spouse / (Co-Head)** **Date**

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**Resident Manager** **Date**

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

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Revised 1-2024