

- HUD Tenant File (Copy)
- LIHTC Tenant File (Original)

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
1				HoH	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
2					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
3					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
4					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
5					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT

Yes	No		HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Do you expect any additions to the household within the next 12 months? If yes, please explain: _____	
<input type="checkbox"/>	<input type="checkbox"/>	Are any household members temporarily absent?	
<input type="checkbox"/>	<input type="checkbox"/>	Have you listed any household members who will be permanently absent from the unit?	
<input type="checkbox"/>	<input type="checkbox"/>	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 #
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Retirement Benefits	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Black Lung Benefits	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Death Benefits	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Veterans Benefits	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Military Pay	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment Compensation	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Long-Term Medical Care Insurance Payments: Locality _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Educational Funds <input type="checkbox"/> Grant <input type="checkbox"/> Scholarship	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Retirement Funds (Railroad, etc.)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Pension: Locality _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Annuities: Locality _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony/Spousal Support Payments (Attach Divorce Decree)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Child Support State _____ County _____	\$	

Yes	No	Does your household have income from the sources listed below?	Monthly Gross Income	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Employment (wages, salaries, tips, commission, bonuses) Locality: _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Self Employment (If yes, attach previous year income tax return)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	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)	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Inheritance When? _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Lottery Winnings When? _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Settlement When? _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Has the employment status of any household member changed? Description: _____	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Receive income under Title V of the Older Americans Act? If yes, select all that apply: <input type="checkbox"/> RSVP <input type="checkbox"/> Green Thumb <input type="checkbox"/> Senior Aides <input type="checkbox"/> Older American Community Service <input type="checkbox"/> Foster Grandparents	\$	
<input type="checkbox"/>	<input type="checkbox"/>	Other income not listed above? Description: _____	\$	

Part III. Household Asset Information

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Checking Account(s). If yes, list locality. 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Savings Account(s). If yes, list locality. 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Holiday Fund-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Money Market Funds. If yes, list locality. 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Trusts. If yes, list locality. Is the trust irrevocable? <input type="checkbox"/> Yes <input type="checkbox"/> No 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Individual Retirement Account (IRA) 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Keogh Account 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Capital Retirement Account-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/>	<input type="checkbox"/>	Stocks 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 #
<input type="checkbox"/> <input type="checkbox"/>	Bonds 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Annuity-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Certificate of Deposit (CD/TIS)-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Rental Property or other Capital Investment-Monthly Income \$ 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Personal Property held as an Investment 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Life Insurance-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Cash on-hand (COH)-Cash Value \$ 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Safety Deposit Box – Contents of the Box? 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Treasury Bills-Cash Value \$ 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Mortgage-Locality: 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Other Retirement Funds 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Other Accounts not listed above 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	Do you or a member of your household own any property/Real Estate? Current Status/Intentions: <input type="checkbox"/> Keeping <input type="checkbox"/> Selling <input type="checkbox"/> Renting <input type="checkbox"/> Foreclosure 1) _____ 2) _____	\$ _____ \$ _____	_____ _____
<input type="checkbox"/> <input type="checkbox"/>	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.		

Yes	No	Do you or your household members have any of the following? Note: If multiple accounts, please indicate localities.	Cash Value	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Are any assets held jointly with other persons? If yes, clarify: _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Are there any minor children in the household who have any assets? <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> Bonds <input type="checkbox"/> Other Locality _____	\$ _____	_____
<input type="checkbox"/>	<input type="checkbox"/>	Income from assets or sources other than those listed above? If yes, explain: _____	\$ _____	_____

Part IV. Household Expenses

Yes	No	Expense(s)	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	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.): _____ _____ _____	
<input type="checkbox"/>	<input type="checkbox"/>	If employed, is childcare paid as a result of work or looking for work? Locality _____	
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in the unit pay for equipment for any family member with a disability so that another family member can work?	
<input type="checkbox"/>	<input type="checkbox"/>	Are there childcare expenses paid in order for you to continue your education?	
<input type="checkbox"/>	<input type="checkbox"/>	Are there any Foster Children or Foster Adults who are part of the household?	
<input type="checkbox"/>	<input type="checkbox"/>	Are there any Live-In Care Attendants who are part of the household?	

Part V. Student Status

Yes	No	Student(s)	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	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?	

If yes, answer the following questions:

<input type="checkbox"/>	<input type="checkbox"/>	Are any full-time student(s) a TANF or Title IV recipient?
<input type="checkbox"/>	<input type="checkbox"/>	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)?
<input type="checkbox"/>	<input type="checkbox"/>	Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?
<input type="checkbox"/>	<input type="checkbox"/>	Are any full-time student(s) married and filing a joint income tax return?
<input type="checkbox"/>	<input type="checkbox"/>	Are any full-time student(s) a single parent living with his/her minor child who is not a dependant 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.

Head of Household

Date

Spouse / (Co-Head)

Date

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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