

TENANT ANNUAL RECERTIFICATION REVIEW

Tenant Name: _____

Unit #: _____

Phone #: _____

Email address: _____

Number of Household members: Adults _____ Children _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all members who will be living in the unit. Give the relationship of each family member to the Head of Household

	<u>MEMBER'S NAME</u>			<u>Relation To Head</u>	<u>Date of Birth</u>	<u>Social Security #</u>
	First	M.I.	Last			
<u>1</u>				Head		
<u>2</u>						
<u>3</u>						
<u>4</u>						
<u>5</u>						
<u>6</u>						
<u>7</u>						

*All members must provide social security numbers and cards unless they meet one of the following:

1. Ineligible non-citizen member not contending eligible immigration status.
2. 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010.
3. Under the age of 6 who are added to the applicant household within 6 months prior to move-in (must provide social security number and card within 90 days)

Student Status-Please list all family members who are attending school part-time or full-time for elementary, middle, high school, or vocational school. *Official transcripts will be required for all college students.

Student Name(s)	Part or Full Time Student		School Name & Address	Financial Aid Amount

HOUSEHOLD INCOME

SSI/Pension/Other Benefits

YES / NO

Do you or any household member(s) receive SOCIAL SECURITY/SSI BENEFITS?			
Do you or any household member(s) receive PENSION, RETIREMENT OR AN ANNUITY?			
Do you or any household member(s) receive UNEMPLOYMENT BENEFITS OR DISABILITY?			
Do you or any household member receive DUAL ENTITLEMENT INCOME?			
NAME OF HOUSEHOLD MEMBER	MONTHLY/WEEKLY AMOUNT	NAME AND ADDRESS OF AGENCY/OFFICE	
	\$		
	\$		
	\$		

Employment

YES/NO

Do you or any household member(s) receive FULL/PART TIME JOB EARNINGS?			
Do you or any household member(s) receive CASH, TIPS OR BONUSES?			
Do you or any household member(s) receive MILITARY OR RESERVE PAY?			
Are you or any household member(s) SELF EMPLOYED?			
Are you or any household member(s) receiving GIG EMPLOYMENT INCOME?			
Are you participating in a qualifying STATE, FEDERAL OR LOCAL EMPLOYMENT TRAINING PROGRAM?			
NAME OF HOUSEHOLD MEMBER	MONTHLY GROSS PAY	NAME & ADDRESS OF AGENCY/OFFICE	
	\$		
	\$		
	\$		

Public Assistance Benefits

Do you or any household member(s) receive TANF, GENERAL RELIEF, OR OTHER?			YES/NO
Do you or any household member(s) receive ADOPTION OR FOSTER CARE PAYMENTS?			
Do you or any household member(s) receive IN-HOME CARE SUPPORTIVE SERVICE TO CARE FOR ANOTHER PERSON?			
Do you or any household member(s) receive TRANSPORTATION REIMBURSEMENT?			
Are you participating in the VIEW PROGRAM?			
NAME OF HOUSEHOLD MEMBER	MONTHLY AMOUNT	TYPE OF BENEFIT	
	\$		
	\$		
	\$		

Child Support or Alimony Benefit(s)

Do you or any household member(s) have an open CHILD SUPPORT CASE WITH A COURT?				YES/NO
Do you or any household member(s) receive CHILD SUPPORT PAYMENTS FROM DCSE?				
Do you or any household member(s) receive CHILD SUPPORT/ALIMONY DIRECTLY FROM AN ABSENT PARENT/SPOUSE?				
Does the ABSENT Parent purchase items for the child(ren) such as CLOTHING, FOOD, FORMULA, DIAPERS, ETC.?				
NAME OF CHILD	ABSENT PARENT/SPOUSE NAME & ADDRESS	MONTHLY AMOUNT	CASH VALUE OF PURCHASE, CLOTHING, FOOD, FORMULA, ETC.	
		\$		
		\$		
		\$		

Contributions

Does anyone outside your household GIVE YOU MONEY OR PAY BILLS FOR YOU?		YES/NO
Does anyone outside your household BUY YOU SUPPLIES SUCH AS GROCERIES, ETC?		
Did any organization help you PAY A BILL OR EXPENSE?		
If you answered YES , please explain.		

Assets

Do you or any household member(s) have a SAVINGS OR CHECKING ACCOUNT?			YES/NO
Do you or any household member(s) have PREPAID CREDIT/DEBIT CARD or DIRECT EXPRESS CARD?			
Do you or any household member(s) have STOCKS, BONDS OR CERTIFICATE OF DEPOSIT?			
Do you or any household member(s) have a MONEY MARKET FUND/TRUST FUND?			
Do you or any household member(s) have a RETIREMENT, 401K, IRA OR LIFE INSURANCE POLICIES?			
NAME OF HOUSEHOLD MEMBER	COMPANY/BANK NAME	TYPE OF ACCOUNT	

EXPENSES

Child Care Expenses

Do you pay childcare for a child 12 or under so you can go to work or school?			YES/NO
IF YES, is the childcare expenses paid for by an agency or by another person outside of your household?			
NAME OF CHILD	MONTHLY AMOUNT	CHILD CARE PROVIDERS NAME	NAME OF AGENCY
	\$		
	\$		

Medical Expenses

If you are an elderly, disabled or handicap household, do you expect any out of pocket medical expenses in the next 12 months?	YES/NO
IF YES, HOW MUCH \$	

SUPPLEMENTAL INFORMATION

Household Information

Is there a family member(s) with a disability that started a new job or got a raise in the last 12 months?	YES/NO
Is any household member temporarily absent from the home? School, military service, etc?	
Does any household member have any minor children that do not live in the home? IF YES, PLEASE EXPLAIN:	
Have you or anyone in your household been cited, arrested, charged or convicted of ANY crime (misdemeanor or felony) other than traffic violations within the past 12 months? IF YES, PLEASE EXPLAIN:	
List any changes that have occurred in your household within the past 12 months.	
Do you expect any changes in your household composition in the next 12 months? IF YES, PLEASE EXPLAIN	

Contacts

Please list anyone we can contact if we are unable to reach you			
Name:		Name:	
Relationship:		Relationship:	
Phone Number:		Phone Number:	
Address:		Address:	
City/State/Zip:		City/State/Zip :	

Big Stone Gap Housing Authority, Dogwood Terrace Apartments, Woodstone Village Apartments shall not and does not discriminate on the basis of race, color, religion, national origin, sex, elderliness, familial status, disability, source of funds, sexual orientation, gender identity, or veteran status.

AS PROVIDED BY THE VIRGINIA PRIVACY PROTECTION ACT OF 1976, I UNDERSTAND THAT THE INFORMATION GIVEN ON THESE FORMS WILL BE HELD IN CONFIDENCE AND WILL BE USED FOR THE SOLE PURPOSE OF DETERMINING MY ELIGIBILITY FOR RURAL DEVELOPMENT OR SECTION 8 HOUSING. THE ABOVE INFORMATION IS FULL, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

WARNING: 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 U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

TENANT SIGNATURE _____ DATE _____

ADDITIONAL ADULT SIGNATURE _____ DATE _____

ADDITIONAL ADULT SIGNATURE _____ DATE _____

ADDITIONAL ADULT SIGNATURE _____ DATE _____
