

# Heritage Towers

## Certification / Recertification Questionnaire

Apartment Number: \_\_\_\_\_

Date: \_\_\_\_\_

The Head of Household and/or the co-head should complete this form.

### List all Household Members:

<u>Name</u> (Last, First, M.I.)	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Social Security #</u>
_____	_____	___/___/___	___	_____
_____	_____	___/___/___	___	_____

### Eligibility:

Yes    No

- Marital Status: \_\_\_\_ Single / \_\_\_\_ Married / \_\_\_\_ Separated/ \_\_\_\_ Divorced
- I have a family member who is absent from the home due to:
  - Employment \_\_\_\_\_
  - Military service \_\_\_\_\_
  - Placement in foster care \_\_\_\_\_
  - Temporarily in nursing home or hospital \_\_\_\_\_
  - Permanently confined to nursing home \_\_\_\_\_
  - Away at school \_\_\_\_\_
  - Other: \_\_\_\_\_
- I have a live-in attendant \_\_\_\_\_
- Expected changes in household:
  - Baby due on \_\_\_\_\_
  - Adopting a child(ren) on \_\_\_\_\_
  - Obtaining custody of a child(ren) on \_\_\_\_\_
  - Obtaining joint custody of a child(ren) on \_\_\_\_\_
  - Receiving a foster child(ren) on \_\_\_\_\_
- Are you or any household members enrolled in an institution of higher education? \_\_\_\_\_

### Income, Asset, and Deductions

#### A. Income:

Yes    No

- Are you or any other members of the household currently receiving income from any of the following sources?
  - Wages/Salaries \_\_\_\_\_
  - Wages earned through a government program such as Senior Aides, Older American Community Service \_\_\_\_\_

**Income continued:****Yes**   **No**

Wages earned through a government program such as Senior Aides, Older American Community Service

\_\_\_   \_\_\_

Employment Program, Americorps

\_\_\_   \_\_\_

If yes, which program: \_\_\_\_\_

Tips, Bonuses or commissions

\_\_\_   \_\_\_

Overtime pay

\_\_\_   \_\_\_

Income from operation of a business

\_\_\_   \_\_\_

Social Security

\_\_\_   \_\_\_

Disability/SSI

\_\_\_   \_\_\_

Death benefits

\_\_\_   \_\_\_

Pensions/retirement funds

\_\_\_   \_\_\_

Annuities or non-revocable trust

\_\_\_   \_\_\_

Unemployment

\_\_\_   \_\_\_

Military pay

\_\_\_   \_\_\_

Workman's Compensation

\_\_\_   \_\_\_

Public assistance/TANF

\_\_\_   \_\_\_

Alimony

\_\_\_   \_\_\_

Child Support

\_\_\_   \_\_\_

Income from rent or sale of property

\_\_\_   \_\_\_

Periodic payments from lottery winnings

\_\_\_   \_\_\_

Regular recurring contributions from persons or agencies outside of household

\_\_\_   \_\_\_

Insurance policies

\_\_\_   \_\_\_

Severance pay

\_\_\_   \_\_\_

Oil Lease / Mineral Lease

\_\_\_   \_\_\_

Other \_\_\_\_\_

\_\_\_   \_\_\_

2. Did you or any other members of the household file a federal tax return last year?

\_\_\_   \_\_\_

3. Are there any adult members of the household (18 years of age or older) receiving income not listed above?

\_\_\_   \_\_\_

If yes, specify the source of the income \_\_\_\_\_

**B. Assets:****Yes**   **No**

1. Do you or any other members of the household have any of the following:

Checking accounts

\_\_\_   \_\_\_

Savings accounts

\_\_\_   \_\_\_

Certificates of deposit

\_\_\_   \_\_\_

Money market funds

\_\_\_   \_\_\_

IRA/Keogh account

\_\_\_   \_\_\_

Stocks

\_\_\_   \_\_\_

Bonds

\_\_\_   \_\_\_

Treasury bills

\_\_\_   \_\_\_

Trust funds	_____	_____
<b>Assets Continued:</b>	<b>Yes</b>	<b>No</b>
If yes, is the trust irrevocable?	_____	_____
Real estate	_____	_____
Whole life or universal life insurance policy	_____	_____
Cash held in safety deposit boxes or home	_____	_____
Assets held in another state or foreign country	_____	_____
Oil Lease / Mineral Lease	_____	_____
Other _____	_____	_____

- |  |       |       |
|--|-------|-------|
| 2. Have you or any other members of the household received any lump sum payments, such as:   |       |       |
| Inheritance  | _____ | _____ |
| Lottery winnings   | _____ | _____ |
| Insurance settlements  | _____ | _____ |
| Other _____  | _____ | _____ |
| 3. Have you or any other household members disposed of any asset(s) for less than fair market value in the past two (2) years?<br>If yes, please list: _____ | _____ | _____ |
| 4. Do you or any other household members have any assets that are held jointly with another person?  | _____ | _____ |

<b>C. Deductions:</b>	<b><u>Yes</u></b>	<b><u>No</u></b>
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- |   |       |       |
|---|-------|-------|
| 1. Is any household member elderly (age 62 or older) or a person with disabilities?   | _____ | _____ |
| 2. Do you have medical expenses that are not paid for by an outside source such as insurance?   | _____ | _____ |
| 3. Do you have disability expenses that are not paid for by an outside source?<br>If yes, is this service necessary to enable a family member (including the member with a disability) to be employed?    | _____ | _____ |
| 4. Do you have attendant care expenses?<br>If yes, is this service necessary to enable a family member (including the member with a disability) to be employed?   | _____ | _____ |
| 5. Do you currently pay for childcare services for any children under the age of 13 residing in your household?<br>If yes, is this service necessary in order for you to be employed or to attend school? | _____ | _____ |

If yes, are any of these expenses reimbursed by an outside source? \_\_\_\_\_

**Penalties for Committing Fraud:** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or Recertification forms contain false or incomplete information, you may be:

- Evicted
- Required to repay all overpaid rental assistance you received
- Fined up to \$10,000
- Imprisoned for up to five years
- Prohibited from receiving future assistance

Your State and local governments may have other laws and penalties as well.

**By signing below I am certifying that I have completed this questionnaire and that the answers that I have given are true and complete to the best of my knowledge.**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Head of Household Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Co-head of Household Date

**Heritage Towers Office:**

Reviewed by : \_\_\_\_\_

Title: \_\_\_\_\_

Signed: \_\_\_\_\_ date \_\_\_\_/\_\_\_\_/\_\_\_\_

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

This community does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. The person named below has been designated to coordinate compliance with nondiscrimination requirements in regulations implementing Section 504: Kenneth R Humphrey 307-674-8825, TDD 307-674-8825 - Equal Housing Opportunity

1-10-2018 updated - krh

