



Tlingit-Haida Regional Housing Authority

P.O. Box 32237 Juneau, AK 99803 (907)780-6868 fax (907)780-6895

Recertification Questionnaire

Household Information

List all household members that are currently living in your household.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birth Date <i>Month, Date, Year</i>

Current Address: _____

Daytime Phone: _____ **Message Phone:** _____

YES **NO**

- 1. Do you expect any additions to the household within the next twelve months?**
 Name & Relationship: _____
 Explanation: _____
- 2. Is there anyone living with you now that wasn't living with you at time of move-in?**
 Name & Relationship: _____
 Explanation: _____
- 3. Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child{ren} will be living in unit.)*
 Explanation: _____
- 4. Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military.)*
 Explanation: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES

NO

5. Employment wages or salaries? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

(EMC #01)

Household Member

Name of Company

Amount

6. Self-employment? *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

(EMC #02)

Household Member

Type of Business

Amount

7. Regular pay as a member of the Armed Forces/Military?

(EMC #03)

Household Member

Base Name & Branch

Amount

8. Unemployment benefits or workman's compensation?

(EMC #04)

Household Member

Case Worker

Amount

9. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?

(EMC #05)

Household Member

Case Worker

Amount

10. (a) Child support or Alimony? *(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)*

(EMC #06)

(EMC #19)

Household Member

Payor

Amount

(b) How is the support received? *(Check all that apply)*

- Child Support Enforcement Agency** *Name of Agency:* _____
- Court of Law** *Name of Court:* _____
- Directly from Individual** *Name of Person:* _____
- Other** *Explain:* _____

(If yes, obtain court papers)

(c) **If support/alimony is court-ordered but not received, are you taking legal action to remedy?**

Explanation: _____

(EMC #07)

11. **Social Security, SSI or any other payments from the Social Security Administration?**

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

12. **Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

13. **Regular payments from a severance package?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

14. **Regular payments from any type of settlement?** *(For example, insurance settlements.)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

15. **Regular gifts or payments from anyone outside of the household?** *(This includes anyone supplementing your income or paying any of your bills.)*

<u>Household Member</u>	<u>Source of Money</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

16. **Regular payments from lottery winnings or inheritances?**

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

17. **Regular payments from rental property or other types of real estate transactions?**

<u>Household Member</u>	<u>Source of Money</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

18. Regular payments from Native Corporations

<u>Household Member</u>	<u>Corporation</u>	<u>Amount/Frequency</u>
_____	_____	_____
_____	_____	_____

19. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES NO

(EMC #09)

20. Checking or savings account?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #09)

21. CDs, money market accounts or treasury bills?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #10)

22. Stocks, bonds or securities

<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #09)

23. Trust funds?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #09)

24. Pensions, IRAs, Keogh or other retirement accounts?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #09)

25. Whole Life Insurance Policy?

<u>Household Member</u>	<u>Insurance Carrier</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #13)

26. Cash on hand over \$500?

<u>Household Member</u>	<u>Amount</u>
_____	_____
_____	_____

(EMC #10)

27. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? *(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*

<u>Household Member</u>	<u>Address of Property</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #10)

28. Personal property held as an investment? *(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*

<u>Household Member</u>	<u>Item</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

(EMC #13)

29. A safe deposit box?

<u>Household Member</u>	<u>Financial Institute</u>	<u>Items of Value</u>
_____	_____	_____
_____	_____	_____

(EMC #11)

30. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

Tenant Status

The following questions pertain to specific eligibility requirements of the Housing Program.

YES **NO**

(EMC #20)

31. Are you or any other ADULT household members claiming zero income?

Household Member: _____

Explanation: _____

(EMC #12 & #18)

32. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): _____

(EMC #15 & #21)

33. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

34. Is your household currently receiving Section 8 rental assistance?

Name of Agency: _____

Contact Person: _____

35. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

Signature Clause

I understand that Tlingit-Haida Regional Housing Authority is relying on this information to prove my household's eligibility for the Housing Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have Tlingit-Haida Regional Housing Authority verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Program requirements.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

For Office Use Only
