

## Recertification Statement

**Program Reporting Requirements:**

- All household members must be listed and their income must be reported on this form.
- All information reported must be true and complete.

**Instructions:**

- Please print clearly.
- Use a black or blue ink pen. Please do not use pencil.
- The entire form must be completed.
- **If a question does not apply to your household, please write N/A or None.**

### Household Composition

1. **Head of Household Full Legal Name:**

<b>Present Address:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Mailing Address:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Current Phone:</b>	<b>Work Phone:</b>	<b>Message Phone:</b>
<b>Are you a person with a disability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Email Address:</b>	

**Please list below all household members who are currently living with you in subsidized housing.**

	Full Name	Date of Birth	Relationship to Head of Household
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

**If there are more than nine (9) household members, please list the other household members on page 3**

Is any household member listed above or on page 3, a person with a disability? .....  Yes  No

**If yes,** please list who: \_\_\_\_\_

### Household Current School Enrollment

Household Member	Name of School	Location	Full-Time (Yes/No)	Grade/Year

Is any household member enrolled in college a veteran of the US military? .....  Yes  No

**If yes,** who? \_\_\_\_\_

### Household Income

**Does anyone in the household:**

- Work full-time, part-time, or seasonally .....  Yes  No
- Work for someone who pays cash for labor .....  Yes  No
- Own or operate a business .....  Yes  No

**Has anyone in the household applied for, or does anyone expect to receive,**

**any public benefits** such as TANF, SSB, SSD, SSI, Unemployment Benefits, etc. ....  Yes  No

**Does anyone in the household receive:**

- Unemployment Benefits .....  Yes  No
- Social Security Benefits (SSB) .....  Yes  No
- Social Security Disability (SSD) .....  Yes  No
- Supplemental Security Income (SSI) .....  Yes  No
- Temporary Assistance to Needy Families (TANF) .....  Yes  No
- Child Support through Oregon Child Support Program .....  Yes  No
- Child Support through other state's Child Support Program .....  Yes  No
- Child Support as direct payment from parent .....  Yes  No
- Alimony .....  Yes  No
- Military pay or Veteran's Benefits .....  Yes  No
- Worker's Compensation or other disability pay .....  Yes  No
- Regular income or stipend from a job training or national service program .....  Yes  No
- Regular income from a pension, annuity, or retirement account .....  Yes  No
- Regular income from a trust fund .....  Yes  No
- Financial aid for college or trade school .....  Yes  No
- Regular contributions from anyone or is a bill paid regularly by someone else .....  Yes  No
- Income from assets: certificates of deposit, stocks/bonds, or rental property income .....  Yes  No

**Does anyone receive any regular income not listed above** .....  Yes  No

**Please complete boxes below for each "Yes" answer above**

	Household Member Name	Source of Income	Gross Monthly Amount
1.			
2.			
3.			
4.			
5.			
6.			

**For any employment listed above, please provide:**

Employer Name:		Phone:	
Address:	City:	State:	Zip:
Employer Name:		Phone:	
Address:	City:	State:	Zip:

**Program Integrity**

In the last three (3) years, has any household member been arrested or convicted for the sale, manufacture, or distribution of a controlled substance (drugs)? .....  Yes  No

**If yes, please list who, where, when:** \_\_\_\_\_

In the last three (3) years, has any household member been arrested or convicted for a drug-related or violent crime? .....  Yes  No

**If yes, please list who, where, when:** \_\_\_\_\_

In the last three (3) years, has any household member been convicted of identity theft? .....  Yes  No

**If yes, please list who, where, when:** \_\_\_\_\_

Has any household member ever been convicted of production/manufacture of methamphetamine on the premises of federally-assisted housing? .....  Yes  No

**If yes, please list who, where, and when:** \_\_\_\_\_

Is any household member subject to a lifetime registration requirement under any state's Sex Offender Registration program? .....  Yes  No

**If yes, please list who and where:** \_\_\_\_\_

**Participant Certification**

*I/we do hereby swear and attest that all the information reported on this form about the household and me is true and complete. I/we understand that Home Forward is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information, or failure to disclose information requested, may be grounds for termination of assistance and is punishable under Federal law.*

**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Head of Household Signature	Date
Spouse or Co-head Signature	Date
Other Adult Signature	Date
Other Adult Signature	Date
Other Adult Signature	Date

**Household Composition, continued**

	Full Name	Date of Birth	Relationship to Head of Household
10.			
11.			
12.			
13.			
14.			
15.			