

**INSTRUCTIONS FOR COMPLETING PARTICIPANT
RECERTIFICATION ASSESSMENT FORM**

(PAGE 1) PART 1- HOUSEHOLD COMPOSITION

- Complete name, social security number, date of birth, sex, and place of birth for you & your spouse. Answer disabled question yes or no.
- List your address, city, state & zip code.
- State how long you have been living in the unit.
- List your telephone number and/or contact number.
- List your current landlord's name & telephone number.
- List the name and telephone number of someone who can reach you.
- State whether or not someone has moved in or out of your unit within the last 12 months.
- State if anyone in your household has been terminated from this program. If yes, enter the name of that person.
- State if any member of your household needs a special accommodation, if so describe it? (***Attach all supporting documents from doctors, social workers, etc.***)

(PAGE 2) 1-3 ADDITIONAL HOUSEHOLD MEMBER INFORMATION

- Individually list all members of your household including name, social security number, date of birth, sex, relationship to head of household, place of birth, full time student or not, and race. Name and address of school. (*Complete, if full-time student*)

(PAGE 3)

- (4-6) Additional household member information [same as above].
- (7) State if you have a live-in aide. If yes, state his/her name, social security number, date of birth, and sex. Circle Y OR N to the 3 questions regarding live-in aide.

(PAGE 4) PART II-INCOME AND CONTRIBUTIONS

- List by recipient, the type, monthly amount, and payer of **all** income that comes into your household for the following:
 1. Social security benefits, disability, or death benefit? (Circle Y or N.)
Attach award notices and letters.
 2. Retirement funds, pensions, insurance annuities, veterans benefits? (Circle Y or N.) **Attach award notices and letters.**
 3. Unemployment, worker's compensation, disability or severance pay? (Circle Y or N.) **Attach award notices and letters.**

(PAGE 5)

4. Does anyone outside the household receive benefits for the support of anyone in the household? (Circle Y or N.) If yes, enter the name of the household member for whom the benefit is being paid, amount paid, and how often the payment is received; list the name address and telephone number of the person who actually receives the payment.
5. State if anyone in your household is in the armed forces? (Circle Y or N.) List the name(s), service branch, gross pay, hazardous duty pay, and commanding officer's name and telephone number.
6. State if anyone in your household is receiving and/or applied for any type of public assistance (cash, foods stamps, child care expense subsidy. (Circle Y or N.) **Attach copies of award letter(s).** Separately list benefits received for each household member.
7. State if anyone in your household is receiving child support and/or alimony. (Circle Y or N.) **Attach copies of court order (s).** Separately list benefits received for each household member.

(PAGE 6)

8. Enter a check mark next to each item where someone not living with you is giving you money or is paying some expenses for you. If you are receiving money for items not listed, list those items in the other space allowed. For each item checked, enter the name, address, and telephone number of the person providing the assistance; list the amount and frequency of the assistance provided.
9. Self-employment (list the name of the family member who is self-employed, how long this person has been self-employed, type of business, gross monthly income, and monthly business expenses.) ***Attach schedule C of this person's most recent tax return or other documentation that supports the amount of business expenses listed.***

(PAGE 7)

10. Provide the work history of everyone in your household within the last 12 months. (Regardless of age) **Do not list current employment here!**
11. List all current employment of all household members. (Regardless of age)
12. List **all other income not listed elsewhere** (foster care, adoption asst, student financial aid, etc.) (Circle Y or N.) Explain the source of income, amount received, and frequency received.

(PAGE 8) PART III-ASSETS

1. List all bank and/or financial institutions separately for all household members, include names & addresses of all banks, credit unions, etc. Enter current balance of each account.
2. If anyone in your household has any of the following: mutual funds, stocks, bonds, life insurance, retirement accounts, personal property and lump sum distributions, enter the name of the institution, telephone number, address, and amount or market value of the item.
3. If anyone in the household owns real estate/property, describe the type of property, market value of property, location, and name of joint owner of the property.
4. If anyone in the household owns property which being rented for use by another, list which property, how much rent is received each month, and the fair market rental value for the activity being engaged in the rental property. (Circle Y or N.)

(PAGE 9)

4. Fully explain if anyone in the household has sold or disposed any assets within the last 2 years? (Circle Y or N.)
5. If a member of your household has a joint account with someone not in your household, list the type of account; name address, and telephone number of the financial institution; and account balance. (Circle Y or N.)

PART IV- ALLOWANCES AND DEDUCTIONS

1. Complete **only if** head of household or co-head is 62 years of age or older or a person with disabilities? (Otherwise enter No and go to skip to #2). If yes, answer all of the questions. If a question does not apply, enter N/A.
2. Disability expenses: Are any members of your household 18 years of age or older and is a person with disabilities who requires any specific equipment to enable them to go to work? Enter Y or N. If yes, list type of equipment required and annual cost to purchase and maintain the equipment. Attach supporting documentation from physician or other health care professional.
 - If expenses are incurred for attendant care for someone in the household who is 13 years of age or older (with a disability) list name, address, telephone number and fax number of the person/agency providing the care.
 - Enter the amount paid for the care and how often it is paid.
 - List the name of the person in the household is able to work because of this expense.

(PAGE 10)

3. If anyone in your household pays for childcare, enter & Y or N and list the name of the person making the payments.
 - Enter the name and ages of children for which childcare is being paid.
 - Enter the total amount paid and how often the payment is made.
 - List the name of the persons or agencies providing the child care for each child; enter the telephone number and full address of that person/agency.
 - If anyone outside if the household pay on your behalf or reimburse you for any childcare costs enter Y or N and list the name, address, city, state, zip, phone & fax number of the person or agency.
 - List the amount paid or your behalf or reimbursed to you and how often.
4. Have you or any member of your family ever been arrested or convicted of a crime? Enter Y or N. If yes, enter the name of the household member.
 - If the arrest was drug related or involved violence, give a full explanation of the circumstances involved.
5. If any member of the household engages in illegal drug use indicate if this person is in treatment, name of the family member involved, and the name and address of the treatment facility.

(PAGE 11) PART V CERTIFICATION

- All adults 18 years of age and over must sign & date this form. If you require additional space, please use the bottom of the page.

****** ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED ******

FOR SECTIONS NOT APPLICABLE USE "N/A"

DO NOT LEAVE ANY BLANK SPACES.....THANK YOU!

REVISED 8/26/4
dsdh

**List All Household Member Information:
Attach documentation of custody for minor children, if applicable**

1. _____

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth	Sex (M/F)	Disabled (Yes or No)
Relationship to Head of Household			Place of Birth		Full Time Student (Yes or No)	
Name and Address of School:						
<input type="checkbox"/>	White					
<input type="checkbox"/>	Black/African American					
<input type="checkbox"/>	American Indian/Alaska Native					
<input type="checkbox"/>	Asian					
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/>	Hispanic or Latino					
<input type="checkbox"/>	Not Hispanic or Latino					

2. _____

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth	Sex (M/F)	Disabled (Yes or No)
Relationship to Head of Household			Place of Birth		Full Time Student (Yes or No)	
Name and Address of School:						
<input type="checkbox"/>	White					
<input type="checkbox"/>	Black/African American					
<input type="checkbox"/>	American Indian/Alaska Native					
<input type="checkbox"/>	Asian					
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/>	Hispanic or Latino					
<input type="checkbox"/>	Not Hispanic or Latino					

3. _____

Last Name	First Name	Middle Initial	Social Security Number	Date of Birth	Sex (M/F)	Disabled (Yes or No)
Relationship to Head of Household			Place of Birth		Full Time Student (Yes or No)	
Name and Address of School:						
<input type="checkbox"/>	White					
<input type="checkbox"/>	Black/African American					
<input type="checkbox"/>	American Indian/Alaska Native					
<input type="checkbox"/>	Asian					
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander					
<input type="checkbox"/>	Hispanic or Latino					
<input type="checkbox"/>	Not Hispanic or Latino					

**List All Household Member Information:
Attach documentation of custody for minor children, if applicable**

4. _____
 Last Name First Name Middle Initial Social Security Number Date of Birth Sex (M/F) Disabled (Yes or No)

Relationship to Head of Household Place of Birth Full Time Student (Yes or No)

Name and Address of School:

<input type="checkbox"/>	White
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	American Indian/Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

5. _____
 Last Name First Name Middle Initial Social Security Number Date of Birth Sex (M/F) Disabled (Yes or No)

Relationship to Head of Household Place of Birth Full Time Student (Yes or No)

Name and Address of School:

<input type="checkbox"/>	White
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	American Indian/Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

6. _____
 Last Name First Name Middle Initial Social Security Number Date of Birth Sex (M/F) Disabled (Yes or No)

Relationship to Head of Household Place of Birth Full Time Student (Yes or No)

Name and Address of School:

<input type="checkbox"/>	White
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	American Indian/Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

7. Live-In Aide: (Attach Statement of Need)

Last Name First Name Middle Initial Social Security Number Date of Birth Sex (M/F)

Has the Live-In Aide:

Y N Committed fraud, bribery or other criminal act in connection with any Federally Assisted housing program?

Y N Been involved in, or committed drug-related criminal activity or violent criminal activity?

Y N Owe money to CMHA or another PHA (Public Housing Authority)?

Part II – Income and Contributions

Answer the following questions for all household members, regardless of age.

1. Does anyone in the household receive benefits from the Social Security Administration (SSA, SSI, Disability, Death or other Benefit)? **Y N**

Name (recipient)	Type of benefit (SSA, SSI, etc.)	Amount per Month	Any amounts Deducted	Comments

2. Does anyone in the household receive any type of Retirement Funds, Pensions, Insurance Annuities or Veterans Benefits? **Y N**

Name (recipient)	Type of Payment	Benefit Amount	Frequency (how often rec'd)	Received From (Name and Address)

3. Does anyone in the household receive Unemployment, Worker's Compensation, Disability, or Severance Pay? **Y N**

Name (recipient)	Type of Payment	Benefit Amount	Frequency (how often rec'd)	Received From (Name and Address)

4. Does anyone outside the household receive benefits for the support of anyone in the household? **Y N**

Who: _____ Amount: _____ Frequency: _____

Recipient Name, Address and Telephone: _____

5. Is anyone in the household in the Armed Forces (military)? **Y N**

Name	Branch of Service	Gross pay: regular, special, allowances	Hazardous Duty Pay	Commanding Officer's Name and Phone Number

6. Has anyone in the household applied for or receive Welfare benefits? **Y N**

If yes, list benefits for each household member. Attach copy of award letter(s).

For Whom	Cash Assistance Monthly Amount (OWF)	Food Stamp Monthly Amount	Disability Assistance Monthly Amount	Monthly Amount/Type of Other Welfare Benefits	Receive/Applied (R) / (A)

7. Does anyone in the household receive child support or alimony? **Y N**

If yes, list each separately. Include payments received from out of state payees. **Attach copy of court orders**

For Whom	Name of Payer	Payer Address, City State, Zip, Telephone	Amount	Frequency	Court Ordered: Y/N	Child Support/Alimony (C) or (A)

8. Do any organizations or persons outside of the household give you money or pay for any of the following:
(mark all that apply)

- | | | | | |
|------------------------------------|---|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Gas | <input type="checkbox"/> Electricity | <input type="checkbox"/> Cable | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Food | <input type="checkbox"/> Clothing | <input type="checkbox"/> Toiletries | <input type="checkbox"/> Cellular Phone | <input type="checkbox"/> Auto Payment |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Laundry | <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Water | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Trash | <input type="checkbox"/> Other, please explain: _____ | | | |
| _____ | | | | |
| _____ | | | | |

Provide the following information regarding anyone who supplies you with or pays for any of the items listed above. Include cash amounts given directly to you for the items if applicable.

Name of Person Supplying the Item	Address and Telephone	Amount	Frequency	PHA Use

9. Is anyone in the household self-employed? **Y N** If yes, please answer the following questions:

Name _____ How long has this person been self-employed? _____
 Type of business: _____
 Gross Monthly Income: _____
 Monthly Business Expenses: _____

Please attach proof of self-employed income and business expenses.

10. Provide the last 12 months of work history for each household member who was/is employed (regardless of age):

Name	Employer	From	To	Gross Monthly Income

11. List the CURRENT employment of all household members:

Name	Employer's Name	Employer's Address	Employer's Phone Number	Gross Wages	Weekly, bi-weekly, etc.

12. Does anyone in the household have any other source of income, including but not limited to: Foster care, adoption assistance, student financial aid, training program income, or other Federal, State or local benefits? **Y N**

Please explain:

Part III – Assets

Answer the following questions for all household members regardless of age.

1. List separately for each household member who has any of the following:

Name	Bank or Financial Institution Name	Bank Address	Checking Balance and Account #	Savings Balance and Account #	IRA Balance and Account #	Certificate of Deposit (CD) Account #

2. Does anyone in the household have any of the following: If yes, please list the amounts and institution/agency which holds the asset.

Mutual funds _____

Stocks _____

Bonds _____

Life Insurance _____

Retirement Accounts through employer _____

Personal property held as an investment _____

Lump sum distributions (i.e. inheritances, insurance settlements, capital gains, personal/property loss settlements, etc):

3. Does anyone in the household own any real estate/property in the United States or elsewhere, in part or whole? **Y N**

Type of real estate/property: _____ Location: _____

Value of real estate/property: _____ Owned jointly or alone: _____

4. Does anyone outside the household currently rent a home owned by a household member? **Y N** If yes, please explain:

5. Has anyone in the household sold or disposed of any asset in the last 2 years? **Y N** If yes, please explain:

6. Is anyone in the household listed on any accounts or held jointly with someone who is not in the household? **Y N**
If yes, please explain:

Part IV – Allowances and Deductions

1. Is the head of household, spouse or co-head 62 years of age or older, or a person with disabilities? _____

If yes, complete all sections. If no, skip to #2

Medical Expenses:

What is the monthly amount of Medicare paid by any household member: _____

What is the monthly amount of any other type of medical insurance paid by any household member: _____

Does your household have any prescriptions regularly filled? If yes, what is the total monthly cost: _____

Does your household have any medical bills that will be paid over the next 12 months? If yes, please explain:

Does anyone outside of the household pay for any of the above medical expenses, or are you reimbursed for any of the above medical expenses?

2. Disability Assistance Expenses:

Does a member of the household (18 years of age or older and is a person with disabilities) require any specific auxiliary apparatus to enable them to go to work? _____ If yes, what type of equipment is needed:

_____ Cost: _____

Does the household pay for attendant care for someone in the household who is 13 years of age or older? _____ If yes, is this person who needs care, a person with disabilities? _____

Amount and frequency of payment: _____

Who in the household is able to work because of the expense: _____

3. Childcare Expenses:

Does anyone in the household pay for childcare? _____ If yes, who _____

Names and ages of the children:

Amount paid by the household: _____

Name of person/agency that provides childcare: _____

Phone Number: _____ Address: _____

Does anyone outside of the household pay for any of the childcare costs? _____ If yes, who: _____

Phone Number: _____ Address: _____

Amount paid by an outside source: _____

List below the name(s) of household members enabled to work, look for work, or attend school as a result of childcare:

List below work, seeking work, and/or
in school hours (i.e. 8:30 – 4:30):

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

List below the hours child care is
provided (i.e. 7:30 – 5:30):

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

4. Have you or any member of your family ever been arrested or convicted of a crime? _____

If yes, who: _____

Was the arrest or conviction either drug-related or involve violence? _____ Please explain:

5. Do you or any member of your family engage in illegal drug use? _____ If yes, is this person seeking treatment? _____

Name of family member: _____

Name of treatment facility, if applicable: _____



Client Number: _____

Date: _____

Client Consent Form for Income Verification and Background Record Release

By signing below I give the Cuyahoga Metropolitan Housing Authority, Housing Choice Voucher Program (“HCVP”) permission to obtain or gather information pertaining to my household in order to continue assistance under the voucher program.

I understand by giving my permission the HCVP will obtain information or materials necessary to complete or verify previous or current employment; retrieve credit history; retrieve information from the Internal Revenue Service, Child Support Enforcement Agency, Social Security Administration, County Health and Human Services, Veteran’s Administration, and Bureau of Worker’s Compensation or any other Agency the HCVP may use to verify income.

I hereby further authorize and request any and all agencies having information and/or records pertaining to the undersigned, to furnish full and complete information to any duly authorized representative of CMHA, who presents this authorization. I authorize any Law Enforcement Agency, Probation Office, Parole Office, Common Pleas Court, Municipal Court, Juvenile Court, Doctors, Hospitals, Landlords-past and present, and Social Service Clearing-House, with knowledge of my background, to freely furnish their reports, evaluations and/or opinions to CMHA for examination and reproduction.

Print Head of Household

Signature of Head of Household

Print Household Member 18 years or older

Signature of Other Household Member

Print Household Member 18 years or older

Signature of Other Household Member

Print Household Member 18 years or older

Signature of Other Household Member

Print Household Member 18 years or older

Signature of Other Household Member

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.



AFFIDAVIT OF NO INCOME STATUS

Date: _____

Control Number: _____

I, _____, confirm that no member of my household is currently receiving any income.

- I understand that as a condition of continued participation in the Housing Choice Voucher Program, I (and all other members of my household) am required to report all changes in income immediately.
- I understand that any misrepresentation of income and/or household composition will be considered a breach of Family Obligation as set forth on the Certificate (Voucher) of Family Obligation and may result in termination of my participation in the Housing Choice Voucher Program.
- I understand that I, and/or members of my household, may be called into the Housing Choice Voucher Program periodically to update this form.

Signature

Sworn to before me and subscribed in my presence
this ____ day of _____, _____,
by _____.
(Signature)

Notary: _____
My Commission Expires: _____

(SEAL)



HOUSING CHOICE VOUCHER PROGRAM CHECKOFF LIST FOR INTERVIEW

Please make sure to bring the following items to your interview:

- Appointment letter
- Completed Participant Assessment form (signed by all adults)
- All adults 18+ must be present with a valid photo ID.
- Any household members who will turn 18 years of age within four months from the date of this letter must be present.
- Copies of Social Security Cards for every member of your household.
- Copies of birth certificates for every member of your household.
- Proof of Income (less than 60 days old) for ALL Household members:
 - Copies of pay check stubs (if employed)
 - Copies of benefit letters for Social Security, SSI, Welfare, etc.
 - Copies of all other income documentation, i.e. Child Support, Pensions, etc.
 - Self-Employment Certification Form (signed and notarized)
- Copy of most recent bank statement
- Copies of receipts for out-of-pocket medical or disability expenses **ONLY IF**:
 - The head of household, spouse or co-head is 62+ years of age
 - Or the head of household is a person with disabilities
- Proof of Allowable Deductions for Head of Household, Elderly Disabled or Handicapped Medical, Childcare, Students 18 years or older.
- Vouchers and/or receipts for out-of-pocket Child Care expenses (if applicable)
- Live-In Aide must attend the interview and have a current photo ID.
- If a household member is being added or removed, you must bring a letter from your landlord stating that they agree or attest to the household change.

Jeffery K. Patterson, Acting Chief Executive Officer, Cuyahoga Metropolitan Housing Authority

CMHA's Housing Choice Voucher Program provides reasonable accommodations to persons with disabilities.
If you need an accommodation, including auxiliary aids and/or services, please contact
Customer Service at 216-431-1471 (voice) or 1-800-750-0750 (Ohio Relay Service).

(Revised 10.22.09) ddh

ITEMS TO BRING TO THE INTERVIEW

“PLEASE READ THIS PACKAGE VERY CAREFULLY!”

MAKE SURE YOU HAVE ALL NECESSARY DOCUMENTS REQUIRED TO COMPLETE YOUR ANNUAL RE-EXAM.

ALL PERSON (S) 18 YEARS OF AGE AND OLDER LIVING IN THE HOUSEHOLD MUST COME INTO THE OFFICE WITH THE HEAD OF HOUSEHOLD.

I. INFORMATION ABOUT YOUR INCOME AND ASSETS:

1. EMPLOYMENT INCOME: For every member of your family who works, bring the following information:

- Name, address, telephone number of employer
- Current rate of regular pay and overtime pay and the number of hours per week normally worked. The number of pay stubs needed if:
 - 1. Paid weekly require most six (6) consecutive pay stubs.**
 - 2. Paid bi-weekly requires most three (3) consecutive pay stubs.**
 - 3. Paid monthly require most recent two (2) consecutive pay stubs.**
 - 4. Paid semi-monthly requires most recent four (4) pay stubs.**
- Information about any changes you expect in your pay or the number of hours worked during the next twelve months.
- Other type of income you expect to receive from employment, such as tips, commissions, profit-sharing programs, etc.

2. BENEFIT AND SUPPORT INCOME: If any member of your family receives any of the following types of income, bring name, address, and telephone and/or fax number of the source of income, and

information about the amount received (**not more than 60 days old**):

- **UNEMPLOYMENT COMPENSATION**
- **WORKERS COMPENSATION**
- **SOCIAL SECURITY**
- **ANNUITY**
- **SUPPLEMENTAL SOCIAL SECURITY**
- **PENSION**
- **RETIREMENT FUNDS**
- **SEVERANCE PAY**
- **DISABILITY INCOME**
- **ALIMONY**
- **DEATH BENEFIT**
- **CHILD SUPPORT**
- **CASH PAYMENTS**
- **VETERAN'S BENEFITS**
- **TANF OR OTHER PUBLIC ASSISTANCE**
- **REGULAR SUPPORT FROM FAMILY MEMBERS OR FRIENDS**
- **FOOD STAMP AWARD LETTER**

3. AMOUNTS IN SAVINGS AND CHECKING ACCOUNTS (Including Christmas Clubs, Certificates of Deposit, IRA, and Keogh Accounts). Bring bank statement, passbook for saving accounts or and an ATM receipt.

4. REAL ESTATE YOU OWN. Bring information about the current value of the property. If you own property and rent it, bring the address of the property and information about how much income you receive and what expenses you have for the property. (Bring last year's Schedule E from your income tax forms.)

5. STOCKS, BONDS, TRUSTS, OTHER INVESTMENTS. Bring account numbers and statements on value of investments and information about income from investments.

6. EDUCATIONAL GRANTS AND SCHOLARSHIPS. If any members of your family receive an educational grant scholarship, bring information about the amount of the assistance and the purposes for which the assistance can be used. Bring the name address, and telephone number of the institution providing the assistance.

7. **OTHER INCOME.** For any other type of income your family has, bring name, address, and telephone number of the source of the income and information about the amount of the income.
8. **SELF-EMPLOYMENT.** For example: monies received for babysitting, doing hair, running errands for others, cutting grass, providing general labor for a fee, etc.
9. **ASSETS SOLD OR GIVEN AWAY.** If you have sold or given away any assets in the past two years (such as giving property or an amount of money to another family member, please bring information about those assets.

II. INFORMATION ABOUT FAMILY MEMBERS:

1. **PHOTO IDENTIFICATIONS.** Current Ohio State Driver's License or current State identification for each household member 18 years old or older.
2. **SOCIAL SECURITY CARDS.** For every person (s) in your household.
3. **BIRTH CERTIFICATES.** For everyone in your household. If you are adding a person(s) 18 years of age or older, that person must be present at the appointment. They must sign an authorization form allowing the HCVP Department to perform a criminal background check.
4. **CHILDREN.** When adding new children bring birth certificates, custody agreement, adoption papers, or other proof that children are members of this household.
5. **NEW FAMILY MEMBERS.** Provide a letter from your current landlord stating that it is okay to move additional person(s) into the household such as relatives, a spouse, foster children, or anyone that is 18 years of age or older, etc.
6. **FULL-TIME STUDENTS.** If any family member(s) are 18 years of age or older and still attending school full-time, bring information about where they attend school.
7. **DISABILITY-** If any member in your family has a disability, bring information about any income the member received because of his/her disability.
8. **IF INCOME FOR ANY HOUSEHOLD MEMBER HAS CHANGED SINCE YOUR LAST RE-EXAM-** Provide written verification of the date income was terminated, reduced, or increased.

9. **FOR EACH ADULT MEMBER OF YOUR HOUSEHOLD WHO IS CLAIMING "NO INCOME" (INCLUDING YOURSELF):** Provide written documentation on how you support your family.
10. **IF YOUR MARITAL STATUS HAS CHANGED SINCE YOUR LAST RE-EXAM.** Provide marriage license, divorce decree and/or separation papers.

III. EXPENSES:

1. BRING INFORMATION ABOUT ANY OF THE FOLLOWING EXPENSES YOU EXPECT TO HAVE DURING THE NEXT TWELVE MONTHS.

- **MEDICAL EXPENSES NOT COVERED BY INSURANCE.** If you are 62 years of age or older, or disabled or handicapped, and are claiming medical expenses, provide names and address of all hospitals, physicians, pharmacies and written verification of expenses. (Please see attached allowable medical expenses.)
- **MEDICAL INSURANCE PREMIUMS** or amounts deducted from your pay for medical insurance. **Elderly or disabled families only.**
- **CHILDCARE EXPENSES.** To care for your children while you are at work or school. Please provide name and address of provider and written documentation of amount paid to provider.
- **DISABILITY EXPENSES.** To care for a disabled family member while you work.
- **REASONABLE ACCOMODATION.** Provide written verification from a qualified professional if you require a reasonable accommodation.

***PLEASE SIGN THE PRIVACY ACT (Form 9886) AND CLIENT CONSENT FORM AND BRING THEM TO YOUR INTERVIEW.**