

**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*)

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- (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.**

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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.

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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.***

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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.)

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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.

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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