

ANNUAL SELF-CERTIFICATION OF ELIGIBILITY

This form may be used annually to document the ongoing eligibility of in-place residents.

PROPERTY NAME:

UNIT:

CERTIFICATION EFFECTIVE DATE:

PART 1: HOUSEHOLD COMPOSITION

List all individuals who will reside in the unit below.

	MEMBER NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD*	STUDENT STATUS**
1			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student
2			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student
3			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student
4			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student
5			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student
6			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student
7			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student
8			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not a Student

**Relationship Examples: Co-Head, Spouse, Dependent, Other Adult, Foster Child/Adult, Live-In Aide, etc.*

***Not applicable to Live-In Aides.*

PART 2: ANTICIPATED ADDITIONS TO THE HOUSEHOLD

Certain anticipated members may affect the size of the unit and/or the income limits used to determine the household's program eligibility. List all individuals who are expected to move in over the next 12 months.

MEMBER NAME	MEMBER TYPE
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster
	<input type="checkbox"/> Unborn Child <input type="checkbox"/> Pending Adoption <input type="checkbox"/> Obtaining Custody <input type="checkbox"/> Pending Foster

PART 3: ADDITIONAL QUESTIONS:

1. Do you anticipate any other change in household composition over the next 12 months? Yes No
(e.g. adding a new member or removing a current member)

If Yes, please explain:

2. Is any member temporarily absent, but under normal conditions would live in the unit? Yes No

If Yes, please explain:



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PART 4: INCOME SOURCES

Households must self-certify the amount of income that the household expects to receive over the next 12 months.

Does your household anticipate receiving income over the next 12 months? Yes No

(If Yes, list income in sections A & B below; If No, skip to Part 5)

A. EARNED INCOME - Includes money received from working.
Examples: wages, salaries, tips, bonuses, self-employment income, etc.

	Member Name	Income Type	Source Name	Annual Income
1.		<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment		\$
2.		<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment		\$
3.		<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment		\$
4.		<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment		\$
5.		<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment		\$
6.		<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment		\$

B. UNEARNED INCOME - Include all money received from sources other than employment or active work.
Examples: Social Security benefits, unemployment benefits, child support, alimony, payments from pensions or retirement accounts, investment income, etc.

	Member Name	Income Type	Source Name	Annual Income
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
10.				\$
11.				\$
12.				\$
13.				\$
14.				\$



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PART 5: ASSETS

Households must report all assets owned by members of the household.

Does your household own any assets? Yes No

(If Yes, list assets in sections A & B below; If No, skip to section C)

A. REAL PROPERTY - Includes any building or land that the household owns.

Examples: rental property, condominium, mobile home, cabin, parcel of land, etc.

	Member Name	Description of Property	Cash Value	Annual Income
1.			\$	\$
2.			\$	\$

B. NON-NECESSARY PERSONAL PROPERTY - Includes all other assets that are not real property.

Examples: checking/savings, stocks, bonds, prepaid card, certificate of deposit, money market, cryptocurrency, internet based assets, cash savings, annuities, non-account based assets held as an investment, etc.

	Member Name	Asset Type/Description	Bank/Financial Institution	Cash Value	Interest Rate	Annual Income
1.				\$	%	\$
2.				\$	%	\$
3.				\$	%	\$
4.				\$	%	\$
5.				\$	%	\$
6.				\$	%	\$
7.				\$	%	\$
8.				\$	%	\$
9.				\$	%	\$
10.				\$	%	\$

C. ASSETS DIVESTED FOR LESS THAN FAIR MARKET VALUE

Yes No

In the last 2 years, did you sell or give away any property, money, or other valuable items for less than what they were worth? (If Yes, please provide additional information below.)

	Member Name	Description of Asset	Cash Value*	Amount Received
1.			\$	\$
2.			\$	\$

*Cash Value = Fair Market Value (from appraisal or comparable document) - Selling Costs

D. FEDERAL TAX RETURN AND/OR REFUNDABLE TAX CREDIT

Has any household member received a federal tax refund or refundable tax credit in the last 12 months? Yes* No

*If Yes, provide the total value of tax refunds/credits received by members of the household: \$ _____



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PENALTIES FOR MISUSING THIS FORM:

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).

REQUIRED SIGNATURES - All adult household members must sign.

Under penalty of perjury, I/we certify that all information presented in this document is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in termination of my/our lease.

1.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
2.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
3.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
4.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
5.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
6.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
7.	_____	_____	_____
	Member Signature	Printed Name	Date Signed
8.	_____	_____	_____
	Member Signature	Printed Name	Date Signed



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