



Please complete all sections on all 6 pages.

Recertification Declaration Form

Name: _____ Social Security #: _____

Present Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

Home Telephone: _____ Work Phone: _____

Cell Phone: _____ E-mail address _____

Part A: Information about members of the household

1. List all persons, adults and children, who will be living in the home. Begin with the head of household. Include live-in aides, all other adults and all children. Each box must be completed for each member.

Guests that stay more than 30 days in a year are considered in violation of the guest policy. You must get landlord and NHHFA approval before allowing them to stay. Violation of this policy can result in termination of your assistance.

Table with 6 columns: Name, Relation to head, Disabled? Y/N, Sex M or F, Date of Birth, Social Security or Alien Registration #. Rows 1-9.

Please answer the following questions about all members of the household:

1. Does anyone who lives in your home have a child support order as a result of a divorce or legal separation? Yes No If yes, who?

2. Does anyone share custody of any of the children listed (other than an adult who lives in the home)? Yes No If yes, who?

3. Is there anyone listed on your previous paperwork who is temporarily absent from the home? Yes No If yes, who?

4. Do you expect anyone to move in or out of your household within the next twelve months? Note guest policy above and follow the required steps to add someone to your household. Yes No If yes, who?

5. Does anyone outside of your household pay for any of your bills or expense? Yes No If yes, for what and how often:

6. Are any adult household members (over 18 years of age) full-time or part-time college students?

Yes No If no, skip to question 7.

If yes, are you a veteran? Yes No

If yes, are you over 24? Yes No

If yes, do you have dependents? Yes No

7. Have you or anyone in your household ever participated in, been arrested for or convicted of a drug related crime? (*Drug related criminal activity is defined as the illegal possession, manufacture, sale, distribution or use of a drug or possession of a drug with the intent to manufacture, distribute or use the drug.*)

Yes No If yes, which family member, when and where? _____

8. Have you or anyone in your household ever engaged in a violent criminal act, or been arrested for or convicted of participation in a violent crime? (*Violent criminal activity is defined as any criminal activity that has as one of its elements the use or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage including but not limited to murder, manslaughter, assault and battery, rape, robbery, arson and kidnapping.*)

Yes No If yes, which family member, when and where? _____

9. Are any members of your household subject to the lifetime registrations requirement under the state sex offender registration law?

Yes No If yes, which family member? _____

Part B: Information about the Assets of all Members of the Family

(an asset is something of value that can be converted to cash)

1. Have you given away or sold any assets such as mobile home, real estate, house, stocks or bonds, certificates of deposit within the past two (2) years?

Yes No If yes, value? _____ Date given/sold: _____

2. Do you or any family member, including anyone under 18 years of age, have any of the following? Include all accounts and any joint accounts. Please list in the boxes below and use space on page 5 if more room is needed.

Savings account? Yes No Checking account?..... Yes No
 Certificate of Deposit?.. Yes No Money market? Yes No

Current accounts:

Family member name	Bank Name	Account Number	Balance

3. If no one in your household has any assets, please have the head of household sign this certification attesting to that fact. Our household has no assets, such as bank accounts or any of the other things listed in question 2 or 5 of Part B. _____

Signature of *Head of household, if applicable*

4. Have you closed any bank accounts within the past 12 months? If so, please provide the information below. We need the information in each box for each closed account. Use space on page 5 if needed.

Closed accounts:

Family member name	Bank Name	Account Number	Date closed	What did you do with the money?

5. Do you or any family member own or have access to any of the following?

- | | | | |
|---|--|------------------------|--|
| Stocks? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bonds?..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Real property (land)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Trust funds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pensions or annuities? | <input type="checkbox"/> Yes <input type="checkbox"/> No | IRA? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inheritances? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Life insurance policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any other type of capital investment? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Explain any "Yes" answers to number 5 of Part B here:

Name of person with asset	Type of Asset	Account Number	Value

Part C: Information about the Income of Members of the Family

1. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?

- | | |
|---|--|
| Wages, salaries, tips, fees or commissions from an employer? (full or part time)..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security or Social Security disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Aid to the Permanently and Totally Disabled (APTD) payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Disability benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TANF payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child support payments? You must declare amounts in boxes on question 2. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Unemployment compensation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Worker's compensation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Money from self employment, including Mary Kay, EBay, Avon, etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income from the operation of a business or profession? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Regular gifts from anyone? How much and how often? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income from pensions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Income from annuities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Periodic payments from insurance policies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Periodic payments from retirement funds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Periodic payments from death benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Interest, dividends or other income from real or personal property? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Old Age Assistance (OAA) payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Aid to the Needy Blind (ANB)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Alimony payments? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Regular contributions from an organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Regular or special military pay? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

2. List the sources and amounts of all income (money) expected for the next 12 months for all family members (including yourself) from any and all sources identified in question 1 on page 3 of Part C.

Family Member Name	Name and address of employer or list income source (such as TANF, Social Security or Child Support.) Also list gift income.	Amount \$	Frequency – Circle one		
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year
			Week	Month	Year

3. Zero income certification: Please have all household members over the age of 18 who have no income, sign and certify below. If you need additional space, please use the space on page 5.

Any misrepresentation of information can result in termination of benefits.

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Part D: Information about Household Expenses

1. Does any family member have expenses for child care of a child age 12 or younger? Yes No

Minor's Name	Child Care Provider			Amount Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person?

Yes No If yes, how much is reimbursed per month? \$ _____

3. Do you pay a care attendant to provide care for a disabled family member in your household so that an adult family member can work? (Could be the person with disabilities)

Yes No If yes, complete the following: Monthly amount: _____

Please provide documentation (can be a monthly statement you receive) with the contact information for the care attendant or agency used so that a deduction can be determined for this expense.

Part F: Certification

I do hereby certify that:

- All of the information I have provided on this declaration is true and complete.
- All the information provided for everyone who lives with me, regarding family income, family assets, items for allowances and deductions, as well as criminal activity, is accurate and complete.

I understand that:

- I am required to notify the housing authority in writing within 5 days if there is any change of income, expenses or household composition, including birth, adoption or court-awarded custody. An interim change form can be requested from my Rental Assistance Manager by calling 1-800-439-7247, going online at www.nhhfa.org, or I can write a letter or send an e-mail.
- I cannot permit anyone to move into my unit without prior approval of the housing authority and my landlord. I understand the rules regarding guests/visitors and when I must report anyone who is staying with me.
- I am required to notify the housing authority in writing within 5 days if any member of the family moves out of the unit.
- Any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is guilty of a crime under Federal and State law.
- Any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program and may be grounds for termination of assistance.
- The income information provided is subject to verification through computer matching with other federal agencies through HUD's Upfront Income Verification (UIV) process. This will verify the accuracy of tenant reported income, including but not limited to wages, unemployment and Social Security income.

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 and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

Signature of any other adult over 18 years of age

Date

Signature of any other adult over 18 years of age

Date

Learn more about the GOAL Program! If you are working or able and willing to work, even part-time, there are benefits from participating. As your income goes up and your rent increases, most of that amount you pay because of an increase in earned income will be deposited into an escrow account for you. You receive the money once you successfully complete the GOAL Program. Call Charlene at 1-800-439-7247, ext. 9211 or e-mail her at caaudette@nhhfa.org for more info.