

HOME Annual Recertification Resident Statement and Certification

\_\_\_\_\_  
Resident Name/Head of Household

\_\_\_\_\_  
Social Security Number

Property Name: \_\_\_\_\_

Date Resident Moved into Project: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Effective Date of Annual Recertification: \_\_\_\_\_ BR size: \_\_\_\_\_

Household Income Restriction 50% \_\_\_\_\_ 60% \_\_\_\_\_ 80% \_\_\_\_\_

Maximum HOME Rent for this Recertification: \$ \_\_\_\_\_

Contract Rent in Effect for this Recertification: \$ \_\_\_\_\_

Utility Allowance \$ \_\_\_\_\_

Household members (list): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is any household member a part time or full time student enrolled at an institution of higher education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list all household members that are part time or full time students enrolled at an institution of higher education.  
(Additional information will be required)

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, family size of \_\_\_\_\_, hereby certify that  
Client Name  
the total annual household income from all sources including any interest from assets  
such as savings, checking, CD's, IRA's, stocks, bonds (this is not all inclusive) from all  
members of the household is \$ \_\_\_\_\_ and that the information

is complete and accurate.

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I/we also understand and agree that if requested by the Participating Jurisdiction (NHH) and the management company, I/we must allow the management company to obtain third party verifications on all income and asset sources.

*All persons 18 years and older must sign this certification.*

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**WARNING:** 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.

(Revised September 2014)