

Please complete, sign & return in the envelope provided.

ANNUAL RECERTIFICATION OF INCOME AND HOUSEHOLD COMPOSITION

Head of Household name (Required): _____

Cell/mobile number _____ Landline/Home number _____

E-mail address: _____ * List additional contact information on page 4.

Correspondence preference for documents and letters:

- Email
- Postal Mail

Correspondence preference for phone contact and notifications:

- Text me (Please be aware that message and data rates may apply from your mobile carrier)
- Call me

Have you had any changes in your household members since your last review?

No _____ YES, LIST NAMES AND BIRTH DATES OF NEW CHILDREN AND/OR HOUSEHOLD MEMBERS WHO HAVE MOVED OUT:

Do you or anyone in your household receive **Social Security**, SSDI, or SSI from the Federal Government and/or State Government? *Ask Yami if you supplied your most current benefits letter.*

No _____ OR if YES, list WHO and AMOUNT per month:

Do you or anyone in your household have **Income**?

No _____ OR IF YES, list WHO is receiving income, WHERE it is from and WHAT the amount is:

Income is- any income from ALL household members--Ex: Employment, Unemployment, W2, Child support @ www.dcf.wisconsin.gov, Pension, Veteran income... FoodShare and Financial Aid are **NOT INCLUDED** in your rent calculation but must be reported. You **MUST** include pay stubs and bank statements **no older than four months before your reexam date.**

Is any adult in your household a full-time student? No _____ OR if YES, LIST WHO and STUDENT STATUS:



Bank Accounts and Assets – list and attach statements from bank(s) and other financial institutions no older than four months before your recert date such as but not limited to: SAVINGS and CHECKING accounts, RETIREMENT, PENSION FUNDS, LIFE INSURANCE, CERTIFICATES OF DEPOSIT (CDs), STOCKS, BONDS, REAL ESTATE PURCHASED OR INHERITED, LUMP-SUM CASH PAYMENTS, ECT... If needed you may use a separate sheet of paper.

NAME OF BANK OR FINANCIAL INSTITUTION _____

NAME(S) ON ACCT _____

TYPE(S) OF ACCOUNT _____

BALANCE IN ACCOUNT \$ _____ YOU MAY SELF-CERTIFY IF YOUR ASSETS ARE UNDER \$5000.00.

NAME OF BANK OR FINANCIAL INSTITUTION _____

NAME(S) ON ACCT _____

TYPE(S) OF ACCOUNT _____

BALANCE IN ACCOUNT \$ _____ YOU MAY SELF-CERTIFY IF YOUR ASSETS ARE UNDER \$5000.00.

LIST ADDITIONAL FINANCIAL INFORMATION HERE:

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the STEVENS POINT HOUSING AUTHORITY. I certify that I have received a copy of FACT SHEET "HOW YOUR RENT IS DETERMINED" with my handbook at the time of move-in I understand I may request an additional copy by contacting the office at 715-341-3444.

Signature of Head of Household (or Authorized Representative) and all household members over 18 years of age:

Signature: _____ Date _____

Signature: _____ Date _____

Signature: _____ Date _____

Signature: _____ Date _____

Signature: _____ Date _____

Printed name and title of Authorized Representative if applicable: _____

DIVESTITURE APPLICANT/TENANT & CSSR CERTIFICATION

Circle Yes or No to the questions below if Yes- list the value of the asset, name of the financial institution and who the asset belongs to within the household:

1. Do you or any other household members have cash

- In a safety deposit box? NO YES _____
- At home? NO YES _____
- Anywhere else? NO YES _____

2. Do you or any other household members have trust funds available to your household?

NO YES _____

3. Do you or any other household members have any equity in rental property or other capital investments? NO YES _____

4. Will you or any other household members receive any lump sum receipts (cash payments)?

NO YES _____

5. Are you or any other household members holding any personal items as investments (antique cars, coin or stamp collections, etc.)? NO YES _____

6. Have you or any other household members disposed of any assets which had a value in excess of \$1,000 within two years prior to the effective date set forth of this certification?

NO YES _____

I hereby certify that I have answered the questions on this form truthfully and have no assets other than those claimed on this form.

Head of Household's Printed name _____

Head of Household's Signature, Date _____

Community Service and Self-Sufficiency Requirement

I/we understand that as a resident of public housing, all adult household members are required by law to contribute 8 hours per month of community service or participate in an economic self-sufficiency program. I/we certify I/we have complied with this requirement and/or am exempt and will supply or have previously supplied verification.

Signature & Date _____

Signature & Date _____

Signature & Date _____

Signature & Date _____

Signature & Date _____

CONTACT INFORMATION FOR FAMILY/HOUSEHOLD

Additional Family Member 1 Name: _____

Cell/mobile number _____

E-mail address _____

Additional Family Member 2 Name: _____

Cell/mobile number _____

E-mail address _____

Additional Family Member 3 Name: _____

Cell/mobile number _____

E-mail address _____

Additional Family Member 4 Name: _____

Cell/mobile number _____

E-mail address _____

Additional Family Member 5 Name: _____

Cell/mobile number _____

E-mail address _____

Additional Family Member 6 Name: _____

Cell/mobile number _____

E-mail address _____

Additional Family Member 7 Name: _____

Cell/mobile number _____

E-mail address _____

Additional Family Member 8 Name: _____

Cell/mobile number _____

E-mail address _____