

Bristol Housing Authority

REQUEST FOR INTERIM RECERTIFICATION

Resident Name: _____

Apartment #: _____

Phone Number: _____ Email Address: _____

Please complete this Interim Recertification packet and return it immediately. Also, check the reason(s) why you are requesting an interim recertification and explain fully.

Household income increased (more than \$200 per month).

Please Explain: _____

Household income decreased.

Please Explain: _____

Change of Household Composition – check all applicable categories below.

Change of Head of Household

Add Household Member

Remove Household Member

Applicant Name: _____

Applicant Name: _____

Unexpected medical expense (Under applicable HUD rules)

Comments: _____

INTERIM REPORTING REQUIREMENTS

I/we understand that I/we report in writing any of the following changes within 10 days if they occur between regularly scheduled recertifications:

- ❖ Any member of the household moves out
- ❖ Any individual is proposed to move-in
- ❖ Any household member of the household that reported unemployment or no income on the most recent certification/recertification obtains employment or income
- ❖ The household's income cumulatively **increases by \$200 per month**

These reporting requirements are based upon HUD regulations and the lease agreement. I/we further understand that I/we may report a decrease in income or other changes which may result in a decrease in rent.

I/we also acknowledge that all verifications and the attached (3) pages (IR Request Form and IR Questionnaire) must be completed, signed, and submitted prior to processing an Interim Recertification.

Head of Household Signature:

Date:

Resident Signature:

Date:

Maureen Horton, Public Housing Manager

Date:



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FAMILY INCOME INFORMATION: List ALL income earned or received by everyone living in your household.

INCOME: PLEASE ANSWER EACH QUESTION BELOW

FREQUENCY

AMOUNT

	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Wages, Salary (includes Overtime, tips, bonuses & self-employment)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Does any member work for someone who pays them cash?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Rental Income from Property You Own	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Social Security Benefits/Pensions/SSI/Payments	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Welfare Benefits (General Aid)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Retirement/Annuities/Life Insurance Dividends	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Regular cash contributions or gifts from individuals not living in the unit or organizations (includes rent, utilities, groceries, etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Unemployment Benefits/Severance Pay	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Worker's Compensation	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Do you have a Court Order for Alimony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Do you receive Alimony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Regular Pay as Member of Armed Forces or Veteran's Administration Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Death Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Whole Life Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Disability Benefits	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$
Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>		\$

Disability and Care Attendant Expenses

Do you pay for a care attendant or any equipment for a disabled household member necessary to enable that person or someone else in the household to work? If yes, enter the provider's name and address.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cost: \$ _____ Provider name: _____ Address: _____
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We certify that I/we have been asked the above statements and that the answers are true and complete to the best of my/our knowledge. I understand that it is my/our responsibility to report to management any changes in income, assets, expenses and/or family composition whenever it occurs. Submittal of false statements is punishable under Federal Law.

Head of Household Signature _____ **Date** _____

Resident's Signature _____ **Date** _____

Public Housing Manager _____ **Date** _____

