BRISTOL HOUSING AUTHORITY

Annual Recertification Questionnaire

Warning: False statements are grounds to terminate housing assistance and are prosecutable under Federal & State law.

Instructions: PLEASE PRINT All sections of this form must be completed in your own handwriting using black or blue ink. Use the correct legal name only. Provide additional information for verification. All changes in family composition and income after this declaration must be reported in writing within 10 days. All members of household must also sign this form. Incomplete answers and information will cause delay.

______________________________ ______________________________
Name of Head of Household ***Telephone #***

______________________________ ______________________________
Apt # ***Cell Phone #***

____
Email Address

FAMILY COMPOSITION: List all person **LIVING WITH YOU**, including yourself

Family Member's Full Name	Relationship to Head	DOB	SS #	Sex

Have there been any changes in the family composition of the household? (Has anyone joined or left household?)

❒ Yes ❒ No If yes, please explain ______________________________

Is any family member temporarily absent from the apartment? ❒ Yes ❒ No

Please Explain: ______________________________

CURRENT EMPLOYER (Are You Employed, If NOT, Write "None")

Name	
Address	
City/ County/ Zip	
Date of Hire	
Work Phone	
Position	
Annual Income	
Supervisor	
Fax Number	

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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
1. Wages, Salary (includes Overtime, tips, bonuses & self-employment)?	Yes ☐	No ☐		$
2. Does any member work for someone who pays them cash?	Yes ☐	No ☐		$
3. Do you have an Annuity? From: From:___________________________	Yes ☐	No ☐		$
4. Do you have Rental Income from Property You Own?	Yes ☐	No ☐		$
5. Do you receive a Pension? From:______________________________	Yes ☐	No ☐		$
6. Social Security Benefits and/or SSI Payments?	Yes ☐	No ☐		$
7. Social Security Supplemental, (SSP)?	Yes ☐	No ☐		$
8. Welfare Benefits (General Aid)?	Yes ☐	No ☐		$
9. Do you received regular cash contributions or gifts from individuals not living in the unit or organizations (includes rent, utilities, groceries, etc.)	Yes ☐	No ☐		$
10. Unemployment Benefits/Severance Pay?	Yes ☐	No ☐		$
11. Workers Compensation?	Yes ☐	No ☐		$
12. Do you have a Court Order for Alimony?	Yes ☐	No ☐		$
13. Do you receive Alimony?	Yes ☐	No ☐		$
14. Regular Pay as Member of Armed Forces or VA Benefits (circle one)	Yes ☐	No ☐		$
15. Death Benefits?	Yes ☐	No ☐		$
16. Disability Benefits?	Yes ☐	No ☐		$
17. Other	Yes ☐	No ☐		$

ASSETS: PLEASE ANSWER EACH QUESTION

1. Do you have a Checking Account? **Where?** ________________________________	Yes ☐	No ☐
If yes, PROVIDE THE MOST CURRENT CHECKING ACCOUNT STATEMENTS FOR EACH ACCOUNT		
2. Do you have a Savings Account? **Where?** ________________________________	Yes ☐	No ☐
If yes, PROVIDE THE MOST RECENT CURRENT SAVINGS ACCOUNT STATEMENT		
3. Do you or any household members **own, have an interest in any real estate, boat, and/or mobile home? (circle which applies to you)**	Yes ☐	No ☐
4. Do you have any Money Market Accounts? **Where?** __________________________	Yes ☐	No ☐
5. Do you have any Certificate of Deposit Accounts? **Where?** __________________	Yes ☐	No ☐
6. Have you or any household member(s) received any lump sums of money in the last year. Ex., lottery, inheritance, Social Security lump sum, etc.?	Yes ☐	No ☐
7. Do you or any household member own Stocks or Bonds? **Where?** ______________	Yes ☐	No ☐
8. Do you have a 401K, 403B, Keogh Account, IRA Account? **Where?** ____________	Yes ☐	No ☐
9. Do you have Whole Life Insurance? Name of Company ________________________	Yes ☐	No ☐
10. Do you have an Annuity? What is the current balance? ____________________ **Where?** ________________________________	Yes ☐	No ☐
11. Other Assets Not Listed Above? **Where?** ______________________	Yes ☐	No ☐

EQUAL HOUSING OPPORTUNITY

BRISTOL HOUSING AUTHORITY
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DISPOSAL OF ASSETS

Have you disposed of assets for less than fair market value in the two years (24 months) proceeding the date of this certification? Any asset that is disposed of for less than its full value is counted, including cash gifts as well as property. Assets that are disposed of include, but are not limited to, assets that are given away or sold for less than the fair market value. __________ **YES** **OR** __________ **NO**

If an asset was disposed of, please complete the following information.
List the asset(s) that was disposed:

____

List the Date that the asset was disposed: ____

What was the fair market value of the asset? $____

The amount received for the asset was: $____

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 ☐	No ☐	What is your Out-of-Pocket Cost: $_____ Provider Name: Address: Phone #:

Medical Expenses ~ Provide Paid Receipts from Medical Provider or Cancelled Checks

Type	Yes	No	Cost	Frequency
1. Do you pay for dental expenses? Where: ______________________				
2. Do you pay for a dental premium? Where: ______________________				
3. Do you pay for Medicare Part B?				
4. Do you pay for Medicare Prescription (Part D)?				
5. Do you pay for Other Healthcare Premiums (Blue Cross, United Health, etc.) Specify: ______________________________________				
6. Do you pay for Prescriptions? Please bring Payment History Printout				
7. Do you pay for Other Medical Expenses? Where:				
8. Do you pay for Other Medical Expenses? Where:				
9. Do you pay for Other Medical Expenses? Where:				

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MISCELLANEOUS INFORMATION

1. Are you or any member of your household subject to a ***State Lifetime Sex Offender Registration Program*** in any state?

   ❒ Yes ❒ No If yes, which state(s)? ____

2. Please list all states in which you or any other household members have resided:

   ____

3. Within the past 3 years, have you or any adult household member been charged and convicted of possession of narcotics or a violent crime? ❒ Yes ❒ No

I certify that the information I have provided on this Annual Recertification Questionnaire is complete, correct and true. I also understand that I MUST report all changes of income or family composition within ten (10) business days.

I acknowledge that if I do not report changes of family income or family composition, I will be subject to termination from the Bristol Housing Authority or be responsible to repay debts owed to the Bristol Housing Authority.

____ ____________________

Signature of Head of Household **Date**

____ ____________________

Other Adult Household Member **Date**

____ ____________________

Public Housing Manager **Date**