

# 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:



## Bristol Housing Authority REQUEST FOR INTERIM RECERTIFICATION

<b>Head of Household's Full Name (Last, First, M.I.)</b>			
<b>Apartment #:</b>			
<b>Contact Phone Number</b>	Home		Cell
<b>Email Address</b>			

**ARE THERE ANY CHANGES TO THE HOUSEHOLD MEMBERS (ADDING OR REMOVING A MEMBER?)**

Yes                       No

**LIST ALL HOUSEHOLD MEMBERS**

Full Legal Name	Relationship to Head of Household	Date of Birth	Sex	Occupation	Social Security Number

**ADDITIONAL HOUSEHOLD INFORMATION**

<b>Has the employment status of any household member changed? If yes, list names and the type of change (include employer name).</b>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**CURRENT EMPLOYER, IF YOU ARE NOT WORKING, WRITE "NONE" ACROSS THIS SECTION**

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**

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** \_\_\_\_\_

