

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

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

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

Has the employment status of any household member changed? If yes, list names and the type of change (include employer name). <hr/> <hr/> <hr/>	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	



Bristol Housing Authority

REQUEST FOR INTERIM RECERTIFICATION

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)	<input type="checkbox"/>	<input type="checkbox"/>		\$
Does any member work for someone who pays them cash?	<input type="checkbox"/>	<input type="checkbox"/>		\$
Rental Income from Property You Own	<input type="checkbox"/>	<input type="checkbox"/>		\$
Social Security Benefits/Pensions/SSI/Payments	<input type="checkbox"/>	<input type="checkbox"/>		\$
Welfare Benefits (General Aid)	<input type="checkbox"/>	<input type="checkbox"/>		\$
Retirement/Annuities/Life Insurance Dividends	<input type="checkbox"/>	<input type="checkbox"/>		\$
Regular cash contributions or gifts from individuals not living in the unit or organizations (includes rent, utilities, groceries, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		\$
Unemployment Benefits/Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>		\$
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>		\$
Do you have a Court Order for Alimony?	<input type="checkbox"/>	<input type="checkbox"/>		\$
Do you receive Alimony?	<input type="checkbox"/>	<input type="checkbox"/>		\$
Regular Pay as Member of Armed Forces or Veteran's Administration Benefits	<input type="checkbox"/>	<input type="checkbox"/>		\$
Death Benefits	<input type="checkbox"/>	<input type="checkbox"/>		\$
Whole Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>		\$
Disability Benefits	<input type="checkbox"/>	<input type="checkbox"/>		\$
Other	<input type="checkbox"/>	<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** _____

