

## Household Information Certification

(Answer all questions, if the question does not apply then write "N/A")

Head of Household Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing address (if different from unit address): \_\_\_\_\_

Have you had any changes in your household income/assets or members since your last review?  Yes  No

If yes, explain & include dates of changes:

\_\_\_\_\_

List everyone living in your home (including yourself): *Include all household members currently absent due to military service, living away at college, temporarily working away from home, or are away temporarily for any reason.*

HH Member #	Name (first & last)	Relationship to you (spouse/son/daughter/Fiancé/Mom/dad/niece/nephew/etc.)	Birthdate	Age	Last 4 #s of SSN	Check if working	Check if Student
		<b>SELF</b>					

**\*\*By signing this form, I certify that I am the primary legal & physical guardian of all minors listed above or any attached document. \*\***

If you have temporarily absent household members, explain: \_\_\_\_\_

Is there someone who stays in your home regularly but who is not listed on this form?  Yes  No

If yes, explain:

\_\_\_\_\_

### Household Assets:

Does anyone in your household have assets such as checking/savings accounts, land, etc.?

Yes – *check all that apply:*

- Checking account   
  Saving Account   
  House/Land- Sole Owner   
  House/Land-partial owner  
 Stocks/bonds/investments   
  Crypto-currency   
  Gold/Silver Investments   
  Collectibles

NO - No one in my household has assets/bank accounts.

If you have income, but you do not have a bank account how do you manage money? *Check all that apply*

- Cash Card/Direct Express Card   
  Paypal/Venmo/CashApp/Other Electronic system   
  Paid in Cash  
 Benefits Management   
  Representative Payee

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.



## Household Income:

**Employment:** Include all jobs worked in the last 12 months for all adult household members (18 years or older). *Use a separate piece of paper if necessary.*

Member Name:		Employer Name:			
Job Type/Position Name:		Employer Phone #:		Employer Fax #	
<b>Hire Date:</b>		Termination date (put N/A if still employed):		Location/Address of Job site:	
Pay Rate	\$	<b>Per:</b> <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		<b>Hours worked per week:</b>	
				<b>How often are you paid?</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly	

Is anyone in your household **self-employed** (SUCH AS LAWN CARE, HANDY-MAN, HAIR BRAIDING, HOUSE CLEANING, ETC)?

NO  YES – NAME: \_\_\_\_\_ TYPE OF WORK: \_\_\_\_\_

Does anyone in your household receive child support? *Choose the answer that BEST describes your situation.*

YES – Attach 12-month history of payments from Child Support Enforcement or other disbursing entity.

NO – Both parents for all children are in the home.

NO - A household member is entitled to child support but does not receive it.

NO - There are no children in my household & I am not entitled to child support (*current or arrears*).

NO – The absent parent(s) is/are deceased or incarcerated.

Does anyone in your household receive?				
Type	Check All Received	How Much?	How often? (wk/mo/yr)	What you need to turn in:
Work First/TANF				Printout from DSS
Alimony/Maintenance				Court Order/Proof of payment
Social Security/SSI				Annual benefit letter (all pages)
Veterans Benefits				Annual benefit Letter (all pages)
Pension/Retirement				Annual benefit Letter (all pages)
Unemployment Benefits				Benefit Disbursement notice or history
Financial Aid				Financial Aid Letter & Tuition/Fees/other Costs
Food Stamps				N/A - Verification not required.
Other/Help Paying Bills				<i>Discuss with Housing Specialist</i>

## Expenses

### ELDERLY/DISABLED ONLY:

Do you have out-of-pocket costs for medical expenses?  Yes\*  No

*\*You cannot claim medical expenses paid by another person or a third-party or that you do not pay.*

*If yes, provide proof of out-of-pocket costs which may include, but is not limited to:*

- A 12-month payment history/printout from doctors/specialists, including mental health, vision & dental,
- A 12-month payment history/printout from pharmacies, both stores & delivery/on-line,
- OTC drugs must be accompanied by a prescription/letter from your provider,
- Proof of cost for supplemental health insurance & evidence of payment,
- Travel & other types of expenses for medical necessities may be allowed. *Discuss them with your Housing Specialist.*

**CHILDCARE:**

Do you have children under the age of 13 in child-care/day-care?  Yes  No

If yes, what is your\* out-of-pocket cost: \$\_\_\_\_\_ per (check one)  Week  Month

*\*You cannot claim childcare expenses paid by another person or a third-party.*

**Do you receive childcare assistance through DSS?**  Yes  No

Yes - provide a copy of your parent fee worksheet.

No - Provide a 12-month history of amount YOU paid to the provider.

**Understanding Your Household**

Do you expect any changes for your family in the next 12 months, including changes in household income? (i.e.: *new baby, marriage/divorce, someone moving?*)

Yes  No If yes, explain: \_\_\_\_\_

Have there been any changes in your criminal history **or that of any household member** since your last review?

No Changes

Yes - Please explain. Use a separate sheet of paper, if needed.

BY SIGNING THIS FORM, the persons below authorize CCA (OR IT'S AGENT), to verify information included herein as necessary to verify my household's eligibility for assistance pursuant to the guidelines for this program. **(ALL ADULT HOUSEHOLD MEMBERS, 18 YEARS OLD OR OLDER, MUST SIGN THIS FORM)**

HEAD OF HOUSEHOLD: \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT: \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT: \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT: \_\_\_\_\_ DATE \_\_\_\_\_