



HOUSING AUTHORITY
OF
THURSTON COUNTY

503 West 4th Avenue • Olympia, Washington 98501 • Phone (360) 753-8292 • Fax (360) 586-0038

RECERTIFICATION

PLEASE HAVE THIS FORM COMPLETED FOR YOUR APPOINTMENT OR BY THE DUE DATE INDICATED IN YOUR LETTER. YOU MUST SEE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM.

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members WHO ARE OR WILL BE living in the assisted unit.

Last Name & Sr, Jr, etc	First Name, Middle Initial	Date of Birth	Male/Female	Relationship to Head	Race	Disabled Y/N	Hispanic Y/N	US Citizen Y/N
				Head				

Home Phone: _____ Work Phone: _____ Msg. Phone: _____

TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wages, tips, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and **all other sources** including regular contributions from someone outside your household. All income must be verified from the source.

Household Member	Name of Employer	Gross Monthly Wages	TANF SSI	Child Support Monthly	Social Security Benefits	Other Income and Source

Question	Response Write NA if the question does not apply	
Has anyone in your household worked for pay in the past twelve months? If not listed above, please explain.	Yes	No
If you work or go to school, do you have unreimbursed child care expenses? If yes, provide verification	Yes NA	No
If the head or spouse is elderly or disabled, will your unreimbursed medical expenses exceed 3% of your gross income? If yes, please provide a printout of your out-of-pocket expenses for the past 12 months.	Yes NA	No
Does any dependent over 18 attend school on a full time basis? If yes, provide verification.	Yes NA	No
Does any member of the household have an account at a bank, credit union, or other financial institution? If yes, list name and account number. Attach a copy of your most recent statement	Yes	No
Does anyone outside of the household pay any of your bills or give you money? If yes, please explain.	Yes	No
Has any person not listed above lived in the household in the last year? If yes, please indicate the name, relationship to you and the period of time the person lived in the unit.	Yes	No
Do you expect anyone to join your household in the next year?	Yes	No
Has anyone in your household been arrested or convicted for the felonious use, sale, or distribution of a controlled substance in the last 12 months?	Yes	No
Does anyone in your household currently use a controlled or illegal drug?	Yes	No
Has anyone in your household committed a violent criminal activity in the past 12 months?	Yes	No
If we were to do a criminal background check on your household members for the past 12 months, would the records show any activity? If yes, please explain.	Yes	No

- I do hereby state that all of the information shown on this document and attachments is true and correct. I also understand that no additional household members (except children born to me or adopted) may join my household unless and until the owner of the rental unit and *the Housing Authority* have approved the additional member in writing. I understand that I have a duty to report within ten days if any member of the household leaves. I understand that false statements or information are grounds for termination of housing assistance. I understand that I will be required to make retroactive payment for overpaid assistance if I fail to notify the Housing Authority of the changes.
- I authorize the *Housing Authority of Thurston County* and its staff to contact any agencies, offices, groups or organizations to obtain any information or materials which are deemed necessary to complete or update my certification under the Rental Assistance Program.
- I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to: Identity and Marital Status, Employment, Income and Assets, Residences and Rental Activity, Medical or Child Care Allowances, Credit and Criminal Activity, Previous Landlords/Public Housing Agencies, Past and Present Employers, Veterans Administration, Welfare Agencies, State Unemployment Agencies, Banks/Other Financial Institutions, Law Enforcement Agencies, Schools and Colleges, Social Security Administration, Medical/Child Care Providers, Support/Alimony Providers. I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

- I understand and agree that HUD or the Housing Authority of Thurston County may conduct computer matching programs to verify the information supplied for my application or recertification. I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other federal, state, or local agencies, including but not limited to those agencies listed above.
- I understand that the re-evaluation of my income and deductions may result in an increased tenant rent and that when I receive notice of this change I have the right to appeal if I believe an error has been made. If I want to challenge the new rent, I must request a hearing in writing within ten days.
- I have received a copy of the “Family Obligations under the Section 8 Rental Assistance Programs” and understand my obligations under the program.
- **I understand that I must promptly furnish to the Housing Authority of Thurston County any letter or other notice that HUD sends to any member of the family concerning family income.**

SIGNATURE OF HEAD OF HOUSEHOLD & DATE

SIGNATURE OF SPOUSE & DATE

SIGNATURE OF OTHER ADULT & DATE

SIGNATURE OF OTHER ADULT & DATE

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.