



HOUSING AUTHORITY  
OF  
THURSTON COUNTY

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

## Checklist for Annual Recertification Process

Please check each of the boxes that applies to your household. (If you need to submit documents, please make copies for the Housing Authority staff prior to our visit). All this material should be given to the inspector.

- Annual Questionnaire. Both sides need to be completed and signed by all household members 18 years and over. All the boxes that apply to my household on page 2 of the form have been checked and the needed documentation is attached.
- Authorization for Release of Information. Signed by all adult members of the household.
- Our household has an adult with a disability who is now employed.
  - I checked the above box and completed Supplement A.
- My Contract number ends with an E or an F.
  - I have completed the VIPS Questionnaire Supplement B.
- We have regular monthly benefits from Social Security, SSI, VA, L & I, Unemployment, etc.
  - I have attached a copy of the verification of these benefits.
- An adult household member worked at some time in the past year.
  - I have enclosed a copy of each W2 or my income tax return for last calendar year.
  - I have given the employer(s) a signed release form and have asked them to complete and mail or fax it to the Housing Authority.
- Our household currently receives child support or has received child support in the past 12 months.
  - I have attached a printout for the past twelve months or an award for a recent month if the support is consistent and regular.

- We have one or more accounts at a financial institution.
  - I have attached the last month's statement for each of these accounts.
  
- I have out of pocket child care costs because I work or go to school.
  - I have asked my child care provider to complete and submit verification.
  - I have attached a form from DSHS showing my co-pay amount.
  
- The head or spouse is elderly or disabled and we have out of pocket medical expenses that exceed 3% of our adjusted income.
  - I have attached third party verification of these costs for the past 12 months.
  
- There is a dependent in the household who is over 18 but who is a full time student.
  - I have attached a certification from the school verifying full-time status.

**Housing Inspection Questions:**

- I have checked all my smoke detectors and have changed the batteries if they are battery operated. If they are hard wired, they have been tested recently and work.
- All my light fixtures have bulbs in them.
- All the burners on my stove and the oven and broiler work.
- I have some problems and have spoken to the landlord about getting them taken care of.
- If I use a fireplace or a woodstove, the landlord has had it inspected within the past year. The landlord will be required to provide written certification.
- Our heat or hot water is powered by gas or oil. The standards require an inspection of the system at least once every two years.
- All of the windows and doors lock securely.

Head of household name	Social Security Number
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**Annual Questionnaire**  
**Supplement A**

If you or a member of your household has disabilities and is now employed, you may qualify for certain income exclusions. Please check all the boxes below which apply to your situation and answer questions #1 and #2 below.

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- Income increased as a result of the employment of a family member who is a person with disabilities who was previously unemployed for one or more years prior to employment. (A person is considered to have been “unemployed” if he or she earned less than \$3,360.00 in the prior 12 month period.
  - Income increased as a result of increased earnings by a family member who is a person with disabilities during participation in any economic self-sufficiency or other training program.
  - Our annual income increased as a result of new employment or increased earnings of a family member who is a person with disabilities, during or within six months of receipt of any TANF benefits or cash assistance.

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1. The name of the household member who is disabled and who now has become employed is:

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2. Below are the circumstances that explain why I think my household qualifies for an income disregard in calculating my housing assistance benefits:

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Head of household name	Social Security Number
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**Annual Questionnaire**  
**Supplement B**

**Family Self-Sufficiency (FSS)/ Vouchers in Partnership to Success (VIPS) Addendum**

**A. General Information**

(1)	Current employment status of head of household. Check the box to indicate the head of household's employment at the time addendum completed. <input type="checkbox"/> Full-time (32 hours per week or more) <input type="checkbox"/> Part-time <input type="checkbox"/> Not employed	
(2)	Date (mm/dd/yyyy) current employment began	
(3)	Benefits in current employment (check all that apply) <input type="checkbox"/> Health <input type="checkbox"/> Retirement Account <input type="checkbox"/> Other	
(4)	Years of school completed by the head of household. Enter the highest grade of education or years of formal schooling the head of household completed at the time Addendum is submitted. (0-25)	
(5)	Assistance received by the family:(check all that apply) <input type="checkbox"/> TANF Income Assistance <input type="checkbox"/> General Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid/Children's Health Insurance Program <input type="checkbox"/> Earned Income Tax Credit	
(6)	Number of children receiving childcare services	

**B. Family services table**

	(1) Need (Y or N)	(2) Needs Met Through Program (Y of N)	(3) Service Provider
Education/Training			
GED			
High School			
Post Secondary			
Vocational/Job training			
Job search/Job placement			
Job retention			
Transportation			
Health Services			
Alcohol and other drug prevention services			
Mentoring			
Homeownership counseling			
Individual Development Account (IDA)			
Child care			
None			

Service Provider Codes:

P = PHA      D = DOL grantee      PR = For profit entity      E = Employer  
T = TANF Agency      V = Voluntary organization      N = Nonprofit agency      C = Community college