**ANNUAL RECERTIFICATION APPLICATION**

**INSTRUCTIONS: PLEASE PRINT CLEARLY, DO NOT LEAVE ANY QUESTIONS UNANSWERED/ UNEXPLAINED- IF IT DOES NOT APPLY TO YOU WRITE N/A. ONLY USE THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER WHEN FILLING THIS APPLICATION OUT. IF ANY HOUSELHOLD MEMBER 18 OR OLDER IS A STUDENT PLEASE SPECIFY EITHER FULLTIME (FT) OR PARTIME (PT) STUDENT AND PROVIDE DOCUMENTATION TO SUPPORT THAT.**

**SECTION ONE: PERSONAL DECLARATION**

NAME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** PHONE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

MAILING ADDRESS: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

CITY: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** STATE: **\_\_\_\_\_\_\_\_\_\_** ZIP: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

EMAIL: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I PREFER TO BE CONTACTED BY: PHONE**\_\_\_\_\_\_** EMAIL**\_\_\_\_\_\_** MAIL**\_\_\_\_\_\_**

**SECTION TWO: HOUSEHOLD COMPOSITION**

**INSTRUCTIONS: LIST HOH AND EVERY PERSON CURRENTLY LIVING IN YOUR HOUSEHOLD, INCLUDING LIVE-IN-AIDES AND CHILDREN THAT LIVE WITH YOU AT LEAST 50% OF THE TIME. ATTACH A SEPARATE SHEET IF MORE SPACE IS NEEDED. IF YOU ARE NEEDING TO ADD SOMEONE TO YOUR HOUSEHOLD, YOU WILL NEED TO CONTACT THE OFFICE PRIOR TO MOVING THEM IN!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL NAME** | **RELATION TO HEAD** | **DOB** | **GENDER (M/F)** | **STUDENT****(Y/N)** | **STUDENT****(FT/PT)** |
|  | **HOH** |  |  |  |  |
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**SECTION TWO: HOUSEHOLD COMPOSITION CONTINUED**

**INSTRUCTIONS: PLEASE CIRCLE YES/ NO, PLEASE EXPLAIN ALL YES ANSWERS**. **PLEASE DO NOT LEAVE ANY QUESTIONS UN-ANSWERED/ EXPLAINED.**

1. DO YOU EXPECT ANY ADDITIONS TO THE HOUSEHOLD OVER THE NEXT 12 MONTHS? YES / NO

IF YES, PLEASE EXPLAIN **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. ARE ANY HOUSEHOLD MEMBERS TEMPORARYILY/ PERMANENTLY ABSENT FROM THE HOME? YES / NO

IF YES, PLEASE EXPLAIN **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. HAS ANYONE IN THE HOUSEHOLD BEEN CONVICTED OF/ INVOLVED IN ANY CRIMINAL ACTIVITY IN THE LAST TWELVE MONTHS? YES / NO

IF YES PLEASE EXPLAIN **AND PROVIDE ALL COURT/ INCIDENT DOCUMENTATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**SECTION THREE: HOUSEHOLD INCOME**

**INSTRUCTIONS: PLEASE ANSWER THE FOLLOWING HOUSEHOLD INCOME QUESTIONS COMPLETELY FOR ANY/ ALL MEMBERS WITH INCOME IN THE HOUSEHOLD, DO NOT LEAVE ANY QUESTIONS UNANSWERED/ UNEXPLAINED PLEASE PROVIDE SUPPORTING DOCUMENTATION FOR ALL INCOME REPORTED. PLEASE DO NOT LEAVE ANY QUESTIONS UN-ANSWERED/ EXPLAINED.**

1. DOES ANYONE IN THE HOUSEHOLD HAVE INCOME FROM CHILD SUPPORT, EMPLOYMENT, SS, SSI, UNEMPLOYMENT, DHS, VA OR **ANY OTHER INCOME?** YES / NO

**IF YES PLEASE FILL OUT THE NEXT SECTION OF BOXES. EXAMPLE: WAGES: $150/ WEEK or SS: $740/ MONTH**

**IF NO PLEASE MOVE TO SECTION FOUR.**

**SECTION THREE: HOUSEHOLD INCOME CONTINUED**

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| --- | --- | --- |
| **FAMILY MEMBER**  | **INCOME SOURCE**  | **GROSS AMOUNT (BEFORE TAXES/ OTHER DEDUCTIONS)**  |
| FAMILY MEMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | INCOME SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PER: (CIRCLE/ HIGHLIGHT)**HOURLY****WEEKLY****BI-WEEKLY****MONTHLY** |
| FAMILY MEMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | INCOME SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PER: (CIRCLE/ HIGHLIGHT)**HOURLY****WEEKLY****BI-WEEKLY****MONTHLY** |
| FAMILY MEMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | INCOME SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PER: (CIRCLE/ HIGHLIGHT)**HOURLY****WEEKLY****BI-WEEKLY****MONTHLY** |
| FAMILY MEMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | INCOME SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PER: (CIRCLE/ HIGHLIGHT)**HOURLY****WEEKLY****BI-WEEKLY****MONTHLY** |
| FAMILY MEMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | INCOME SOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PER: (CIRCLE/ HIGHLIGHT)**HOURLY****WEEKLY****BI-WEEKLY****MONTHLY** |

**SECTION FOUR: HOUSEHOLD ASSETS**

**INSTRUCTIONS: PLEASE CIRCLE YES/ NO TO ALL QUESTIONS, PLEASE EXPLAIN ALL YES ANSWERS. PLEASE PROVIDE ANY/ ALL SUPPORTING DOCUMENTATION (BANK STATEMENT, IRA/ 401K/ INVESTMENT STATEMENT, ETC.) PLEASE DO NOT LEAVE ANY QUESTIONS UN-ANSWERED/ EXPLAINED.**

1. DOES ANYONE IN THE HOUSEHOLD HAVE A CHECKING/ SAVINGS ACCOUNT?

YES / NO

IF YES WHAT IS THE BANK NAME **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. DOES ANYONE IN THE HOUSEHOLD HAVE A DEBIT CARD? YES / NO

IF YES PLEASE PROVIDE STATEMENT AND EXPLAIN **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. DOES ANYONE IN THE HOUSEHOLD OWN ANY STOCKS, BONDS, and CERTIFICATES OF DEPOSITS / ANY OTHER TYPES OF ASSETS? YES / NO

IF YES WHAT IS THE BANK NAME **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. DOES ANYONE IN THE HOUSEHOLD OWN ANY REAL ESTATE? YES / NO

IF YES WHAT IS IT USED FOR **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. HAS ANYONE SOLD ANY REAL ESTATE OR ASSETS IN THE PAST TWO YEARS FOR LESS THAN FAIR MARKET VALUE?

YES / NO

IF YES PLEASE LIST ADDRESS **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION FIVE: HOUSEHOLD EXPENSES/ DEDUCTIONS**

**INSTRUCTIONS:** **IF THE HEAD OF HOUSEHOLD/ SPOUSE IS AGE 62 OR OLDER OR A PERSON WITH DISABILIITIES PLEASE ANSWER THE FOLLOWING QUESTION AND IF THERE ARE ANY OUT-OF-POCKET EXPENSES; PLEASE SUPPLY ANY/ ALL SUPPORTING DOCUMENTATION (RECEIPTS, SPENDDOWNS, MEDICAL INSURANCE, PRESCRIPTIONS/ ETC.) PLEASE DO NOT LEAVE ANY QUESTIONS UN-ANSWERED/ EXPLAINED.**

1. DOES YOUR HOUSEHOLD HAVE ANY MEDICAL EXPENSES INCLUDING, BUT NOT LIMITED TO MEDICAL INSURANCE, DOCTOR VISITS, MEDICAL BILLS, MEDICATION, SUPPLIES, AND TRANSPORTATION? YES / NO

**IF YES PLEASE PROVIDE SUPPORTING DOCUMENTATION.**

**INSTRUCTIONS: IF THE HEAD OF HOUSEHOLD HAS ANY EXPENSES ON BEHALF OF A HOUSEHOLD MEMBER WITH DISABILITIES SO AN ADULT MEMBER IN THE FAMILY CAN WORK PLEASE ANSWER THE FOLLOWING QUESTION AND PROVIDE ANY/ ALL SUPPORTING DOCUMENTATION (CHILD CARE LEDGER, AIDE DOCUMENTATION, and EQUIPMENT DOCUMENTATION.) PLEASE DO NOT LEAVE ANY QUESTION UN-ANSWERED/ EXPLAINED.**

1. DOES THE HEAD HOUSEHOLD HAVE ANY OUT-OF-POCKET EXPENSES FOR A DISABLED HOUSEHOLD MEMBER? YES / NO

IF YES PLEASE PROVIDE SUPPORTING DOCUMENTATION

1. DOES THE HEAD OF HOUSEHOLD HAVE CHILD CARE EXPENSES FOR CHILDREN UNDER THE AGE OF 13 SO AN ADULT IN THE FAMILY CAN WORK, GO TO SCHOOL OR ATTEND JOB TRAINING? YES / NO

IF YES PLEASE PROVIDE SUPPORTING DOCUMENTATION.

1. IS ANY MEMBER OF THE HOUSEHOLD 18 OR OLDER OTHER THAN THE HEAD AND SPOUSE A FULL TIME STUDENT OR A PERSON WITH A DISABILITY? YES / NO

IF YES PLEASE LIST HOUSEHOLD MEMBERS NAME **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DISCLOSURE**

 AFTER VERIFICATION BY THE EAST PEORIA HOUSING AUTHORITY IS COMPLETE, THE INFORMATION WILL BE TRANSMITTED TO THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT ON FORM HUD-50058. SEE THE FEDERAL PRIVACY ACT STATEMENT FOR MORE INFORMATION ABOUT ITS USE. TITLE 18 SECTION 101 OF THE UNITED STATES CODE, STATES A PERSON IS GUILTY OF A FELONY WHEN KNOWING AND WILLINGLY MAKING FALSE OR FRAUDULENT STAEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

**TENANT STATEMENT:** I/ WE CERTIFY THAT THE ABOVE INFORMATION GIVEN/ BEING REPORTED TO THE EAST PEORIA HOUSING AUTHORITY ON INCOME, HOUSEHOLD COMPOSITION, GROSS FAMILY ASSETS/ EXPENSES/ DEDUCTIONS IS ALL ACCURATE AND COMPLETE TO THE BEST OF MY/ OUR KNOWLEDGE. I/ WE UNDERSTAND THAT FALSE STATEMENTS/ INFORMATION ARE GROUNDS FOR TERMINATION UNDER FEDERAL AND STATE LAWS. I/ WE UNDERSTAND THAT ALL INFORMATION WILL BE KEPT CONFIDENTIAL, BUT MAY BE REVIEWED BY A HUD AUDITOR.

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**SIGNATURE OF HEAD OF HOUSEHOLD** **DATE**

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**SIGNATURE OF SPOUSE/ CO- HEAD DATE**

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**SIGNATURE OF OTHER ADULT 18/ OLDER DATE**

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**SIGNATURE OF OTHER ADULT 18/ OLDER DATE**

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**SIGNATURE OF OTHER ADULT 18/ OLDER DATE**

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**SIGNATURE OF EPHA STAFF DATE**

**ADDITIONAL ADULT STATEMENT**

THE REGULATIONS OF THE HOUSING AUTHORITY PROGRAM STATES THAT THE ONLY PERSON/ PERSONS AUTHORIZED TO RESIDE IN THE SUBSIDIZED UNIT ARE THOSE LISTED ON THE LEASE AND HAP CONTRACT. ANY ADDITIONAL PERSONS STAYING IN THE UNIT FOR A PERIOD OF 10 CONSECUTIVE DAYS OR MORE WILL BE IN VIOLATION. FAILURE TO GET PRIOR LANDLORD AND EPHA AUTHORIZATION/ APPROVAL FOR ADDITIONAL PERSONS TO RESIDE IN THE UNIT AND FAILURE TO REPORT THIS PERSON/ PERSONS ALONG WITH THEIR INFORMATION/ INCOME MAY RESULT IN TERMINATION OF YOUR HOUSING ASSISTANCE ON THE HOUSING CHOICE VOUCHER PROGRAM.

**TENANT STATEMENT**: I/ WE HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENT AND WILL COMPLY WITH THE REGULATIONS OF THE HOUSING CHOICE VOUCHER PROGRAM AS WELL AS THE RULES AND REGULATIONS OF THE EAST PEORIA HOUSING AUTHORITY.

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**SIGNATURE OF SPOUSE/ CO-HEAD DATE**

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**SIGNATURE OF OTHER ADULT 18/ OLDER DATE**

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**SIGNATURE OF OTHER ADULT 18/ OLDER DATE**

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**SIGNATURE OF EPHA STAFF DATE**

**UTILITY ALLOWANCE DISCLOSURE**

**TO: HEAD OF HOUSEHOLD**

**FROM: LATOYA BROWN**

 **EXECUTIVE DIRECTOR**

 **EPHA**

PLEASE BE ADVISED THE EPHA HAS UPDATED AND ADOPTED A NEW UTILITY ALLOWANCE SCHEDULE. IT MAY AFFECT HOW MUCH YOU PAY FOR RENT OR IN SOME CASES HOW MUCH YOU RECEIVE AS A UTILITY REIMBURSEMENT PAYMENT FROM THE EPHA. IN CONSIDERATION OF THIS CHANGE.

THIS UTILITY ALLOWANCE SCHEDULE WILL BE USED AND TAKE EFFECT IN **OCT.**

IN ASSOCIATION WITH YOUR ANNUAL RECERTIFICATION DATE. THIS SERVES AS YOUR 60 PLUS DAY NOTIFICATION OF THIS CHANGE.

**TENANT STATEMENT**: I/ WE HAVE READ AND FULLY UNDERSTAND THE ABOVE DISCLOSURE.

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**SIGNATURE OF HEAD OF HOUSEHOLD DATE**