ADDISON HOUSING WORKS
AFFORDABLE HOMES, STRONG COMMUNITIES

APARTMENT MANAGEMENT DIVISION
272 Main Street, P.O. Box 156
Vergennes, VT 05491
www.addisonhousingworks.org
P: (802) 877-2626 | F: (802)877-2627 | TTY : 711

Please read below before completing the attached Recertification Questionnaire:

- ☐ **Does anyone in your household receive wages from employment?**

  IF YES:
  Submit at least 4 MOST RECENT & consecutive paystubs for each employed person.

- ☐ **Does anyone in your household receive benefits from the Social Security Administration (SS, SSI, SSDI)?**

  IF YES:
  Submit the most recent, and complete, declaration of benefits letter for each person in the household.
  If you need copies, you can visit https://www.ssa.gov/manage-benefits/get-benefit-letter

- ☐ **Does anyone in your household have receive income from retirement accounts or pensions?**

  IF YES:
  Submit the most recent, and complete, payment statement for each account.
  Complete = every page in the statement

- ☐ **Does anyone in your household have any Bank Accounts, CD's, Money Market Accounts, IRAs?**

  IF YES:
  Submit the most recent, and complete, balance statement for each account.
  Complete = every page in the statement.

- ☐ **Does anyone in your household have a whole life insurance policy?**

  IF YES:
  Submit the most recent, and complete, balance statement for each account.
  Complete = every page in the statement

All tenants are required to complete the student status affidavit, no exception.

Housing Credit Program
Recertification Questionnaire

Household Information

List all household members that are currently living in your household.

Name *First, Middle Initial, Last*	Relationship to Head of Household	M/F	Social Security Number	Age	Birth Date *Month, Date, Year*

Current Address: _____

_____

Daytime Phone: _____ **Evening Phone:** _____

YES	NO	
❑	❑	**1. Do you expect any additions to the household within the next twelve months?** Name & Relationship: _____ Explanation: _____
❑	❑	**2. Is there anyone living with you now who will be moving out in the next 12 months?** Name & Relationship: _____ Explanation: _____
❑	❑	**3. Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child{ren} will be living in unit.)* Explanation: _____
❑	❑	**4. Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military.)* Explanation:
❑	❑	**5. Have you added or anticipate adding any pets to your household?**

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Income Information

Earned income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.
Do YOU or ANYONE in your household receive OR expect to receive income from:

YES ❑ NO ❑ (If yes, use EMC #01)

5. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Name of Company	Amount

❑ (If yes, use EMC #02) ❑

6. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Type of Business	Amount

❑ (If yes, use, EMC #03) ❑

7. **Regular pay as a member of the Armed Forces/Military?**

Household Member	Base Name & Branch	Amount

❑ (EMC #04) ❑

8. **Unemployment benefits or workman's compensation?**

Household Member	Case Worker	Amount

❑ (If yes, use EMC #05) ❑

9. **Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families** *(TANF)*?

Household Member	Case Worker	Amount

❑ (If yes, use EMC #06) ❑ (If no, use EMC #19)

10. (a) **Child Support or Alimony?**
(We must count court-ordered support whether or not it is received unless all reasonable legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payer.)

Household Member	Payer	Amount

(b) **How is the support received?** *(Check all that apply)*

- ❑ **Child Support Enforcement Agency** — *Name of Agency:* _____
- ❑ **Court of Law** — *Name of Court:* _____
- ❑ **Directly from Individual** — *Name of Person:* _____
- ❑ **Other** — *Explain:* _____

❑ (If yes, obtain proof of legal action.) ❑

(c) **If support/alimony is court-ordered but not received, are you taking legal action to remedy?**

Explanation: _____

❑ (If yes, use EMC #07) ❑

11. **Regular benefits from the Social Security Administration including Social Security, SSI or SSI-D?**

Household Member	Case Worker	Amount

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YES ❑ NO ❑ (If yes, use EMC #55)

12. **Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**

Household Member	Source of Benefit	Amount

❑ ❑ (If yes, use EMC #08)

13. **Regular payments from a severance package?**

Household Member	Source of Benefit	Amount

❑ ❑ (If yes, EMC #08)

14. **Regular payments from any type of settlement?** *(For example, insurance settlements.)*

Household Member	Source of Benefit	Amount

❑ ❑ (If yes, use EMC #08)

15. **Regular gifts or payments from anyone outside of the household?**
(This includes anyone outside the household supplementing your income or paying any of your bills.)

Household Member	Source of Money	Amount

❑ ❑ (If yes, use EMC #08)

16. **Regular payments from lottery winnings or inheritances?**

Household Member	Source of Benefit	Amount

❑ ❑ (If yes, use EMC #08)

17. **Regular payments from rental property or other types of real estate transactions?**

Household Member	Source of Money	Amount

❑ ❑ (If yes, use EMC #08)

18. **Any other income sources or types not listed?**

Household Member	Source of Money	Amount

❑ ❑ (If yes, use EMC #54)
Unsure of what households must count financial aide? Refer to applicable student eligibility worksheet (EMC 58-60) for guidance.

19. **Student financial aid assistance from any government, public or private sources?**
(We must count student financial aid, excluding loans, on certain households receiving Section 8 assistance.)

Household Member	Source of Money	Amount

❑ ❑ (If yes, use appropriate verification)

20. **Do you or any other household members expect any changes to your income in the next 12 months?**

Explanation: _____

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Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

YES ☐ NO ☐ (if yes, use EMC #09)

20. Checking or savings account?

Household Member	Financial Institute	Amount

☐ ☐ (If yes, use EMC #09)

21. CDs, money market accounts or treasury bills?

Household Member	Financial Institute	Amount

☐ ☐ (If yes, use EMC #10)

22. Stocks, bonds or securities

Household Member	Company or Broker	Amount

☐ ☐ (EMC #09)

23. Trust funds?

Household Member	Financial Institute	Amount

☐ ☐ (If yes, use EMC #55 for Pensions, VA Benefits or other retirement benefits. Use EMC #56 for IRAs, 401(k), 403(b), or other retirement savings.)

24. Pensions, IRAs, Keogh or other retirement accounts?

Household Member	Financial Institute	Amount

☐ ☐ (If yes, use EMC #57)

25. Whole life insurance policy?

Household Member	Insurance Carrier	Amount

☐ ☐ (If yes, use EMC #10)

27. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member	Address of Property	Amount

☐ ☐ (If yes, use EMC #10)

28. Personal property held as an investment?
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Household Member	Item	Value

☐ ☐ (If yes, use EMC #13)

29. A safe deposit box?

Household Member	Financial Institute	Value of Items

☐ ☐ (If yes, use EMC #11)

30. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

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Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES	NO		
❑	❑	31.	**Are you or any other ADULT household members claiming zero income?** (If yes, use EMC #20)
			Household Member: _____
			Explanation: _____
❑	❑	32.	**Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?** (If yes, use both EMC #12 & #18) *Unsure how to combine the different student rules on Tax Credit properties coupled with HUD and/or RD? Refer EMC 60 for guidance.*
			Household Member(s): _____
			_____
			_____
❑	❑	33.	**Will you or any ADULT household member require a live-in care attendant to live independently?** (If yes, use both EMC #15 & #21)
			Name of Attendant: _____
			Relationship *(if any)*: _____
❑	❑	34.	**Is your household currently receiving Section 8 rental assistance?** (If yes, verify through applicable agency)
			Name of Agency: _____
			Contact Person: _____
❑	❑	34.	**Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?** (If yes, verify through applicable agency)
			Name of Agency: _____
			Expected Date: _____
			Contact Person: _____

Signature Clause

I understand that management is relying on this information to prove my household's continuing eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements is breach of my existing lease and grounds for eviction. I also understand that such action may result in criminal penalties.
I authorize my consent to have management verify the information contained in this questionnaire for purposes of proving my continuing eligibility for occupancy in my Housing Credit apartment. I will provide all necessary information including source names, addresses, phone numbers, account numbers, etc. where applicable and any other information required for expediting this process.

All ADULT household members must sign below:

_____ _____
Signature **Date**

_____ _____
Signature **Date**

_____ _____
Signature **Date**

For Office Use Only

Date of Interview: _____ **Recertification Due Date:** _____
Comments: _____

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Medical / Child Care Expense Information

The medical expense deduction is permitted only for families in which the head, spouse, or co-head is at least 62 years old or is a person with disabilities (elderly or disabled families).

Include all expenses anticipated for the next 12 months.

YES NO

_____ __o__ 5a. Are there any child care expenses paid in order for you to work or go to school?

Household Member	Amount

____o__ _____ 5b. Does anyone in the unit benefit from Handicap Assistance?

Household Member	Amount

____o__ _____ 5c. MEDICAL EXPENSES: Are there any out-of-pocket medical expenses?

Household Member	Amount

____o__ _____ 5d. Are there any foster children who are part of the household?

Household Member

If you answered Yes to any of the above questions please give details here:

o o

ALL TENANTS MUST COMPLETE THIS FORM IN ITS ENTIRETY.
N/A WILL NOT BE ACCEPTED.
ALL HOUSEHOLD MEMBERS 18+ NEED TO SIGN THIS FORM.

STUDENT STATUS AFFIDAVIT

(LIHTC or Tax Exempt Bond Compliance Period)

Applicant/Tenant Name: _____

Address: _____

City:_____State_____ZIP:_____

Completed For: (check one)
[ ] Move-in; effective date: _____
[X] Annual recertification; effective date: _____

PART 1:

Will ALL the people in your household be or have been full-time students during five calendar months of the certification year? [ ] YES [ ] NO

If you answered NO to Part 1, please sign and date below. If you answered YES, complete Part 2.

Part 2:

•A student and receiving AFDC/TANF?	[ ] Yes [ ] No
•A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act?	[ ] Yes [ ] No
•A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state or local program?	[ ] Yes [ ] No
•A single parent living with his/her minor children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent?	[ ] Yes [ ] No
•Married and file a joint return	[ ] Yes [ ] No
•Has the person attended school full-time during any part of 5 months of this calendar year?	[ ] Yes [ ] No

•Months/year attended full time __/__/____ to __/__/____

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

Tenant Signature:_____Date:_____

Co-Tenant Signature:_____Date:_____

Co-Tenant Signature:_____Date:_____

Co-Tenant Signature:_____Date:_____

Co-Tenant Signature:_____Date:_____

Manager Signature:_____Date:_____

United Way
A United Way Funded Agency

EQUAL HOUSING OPPORTUNITY

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DISPOSED ASSETS SELF AFFIDAVIT

Have you or anyone in the household sold or given away any assets for LESS THAN FAIR MARKET in the last two years? (This includes cash, real estate, vehicles, etc.)

YES☐ NO☐

If (YES) please describe Type of Asset

_____

_____

Date of Sale or Give Away:_____

Amount received: $_____

Estimate Fair Market Value of Asset at time of sale/giveaway: $_____

I certify that the information given above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to
criminal penalties.

_____

Signature Date

_____

Signature Date

_____

Signature Date

_____

Signature Date

_____

Compliance Department Signature Date

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Ethnicity Detail Form

In order to be in compliance with data collection requirements for our Community Development Block Grant program, we have been asked by the Vermont Community Development Program to collect more detailed information regarding the race and ethnicity of our tenants and applicants.

We are requesting that all head-of-household tenants complete the race and ethnicity categories listed below, and return it along with their recertification information; if you have any questions regarding this request, please feel free to contact us at 802-877-2626.

Thank you for your understanding and cooperation, and apologize for any inconveniences.

Addison Housing Works
Property Management Staff

Name: _____

Address: _____

_____

Please check all of the following that apply to you:

Other Categories	Racial Categories	
☐ Over the Age of 62	☐ White	☐ American Indian/Alaskan Native & Black African American
☐ Handicapped/Disabled	☐ Black/African American	☐ American Indian/Alaskan Native & White
☐ Female Head of Household	☐ Asian	☐ Asian and White
	☐ Native Hawaiian/Other Pacific Islander	☐ Black African American and White
	☐ American Indian/Alaskan Native	☐ Other Multi-Racial

Ethnicity Category: (must be answered in addition to racial identification)

☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race)
☐ Not Hispanic or Latino

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