

Abingdon Redevelopment & Housing Authority
 190 E Main Street 3rd Fl
 Abingdon, VA 24210

Annual Recertification for Rental Assistance

Date _____

Head of Household (Legal Name):

Last	First	Middle	Maiden	Other
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What is your present Address?

Street	City	State	Zip
Mailing Address (If Different)			
Home Phone ()	Business Phone ()	Fax ()	

If we were unable to reach you, whom could we contact locally?

Name: _____	Telephone _____
Address: _____	Relation _____
Name: _____	Telephone _____
Address: _____	Relation _____

Household Members: *Verification of information required for any additions to household. Lease approval must be verified for adults and all consent forms must be signed. Legal Custody, proof of birth and social security number must be verified for children.*

	Legal Name	Sex	Relation	SSN	DOB
H					
2					
3					
4					
5					
6					
7					

Income Information: *Provide a complete explanation of "income" to applicant*

Family Member	Source of Income	Rate/Frequency	Annualized Income

Asset Information:

Family Member	Asset/Description	Current/Disposed	Market Value	Cash Value	Rate/Frequency	Annualized Income
			\$	\$		

Current Expenditures:

Rent	Phone	Cable
Electric	Auto Pmt	Insurance
Gas	Auto Ins	Rentals
Water	Credit Card	Other
Sewer	Medical	Other

Do you have any other regular monthly payments besides those above? Yes _____ No _____

Does anyone outside your household pay any of your bills or expenses? Yes _____ No _____

Program Integrity Information:

- 1. Do you expect anyone to move in or out of your household within the next 12 months? Yes _____ No _____
- 2. Does anyone live with you now who is not listed above? Yes _____ No _____
- 3. Has anyone in your household been charged or convicted in the sale, use, manufacture or distribution of a controlled substance or substances? Yes _____ No _____
- 4. Has anyone in your household been charged with or convicted of a crime involving the use of alcohol or violence? Yes _____ No _____
- 5. Have you ever violated a family obligation in a HUD assisted housing program? Yes _____ No _____

Vehicles:

Year	Make	Model	State	Tag Number	Owner	Color

Is any adult in the household attending school? Yes _____ No _____ Expected Completion Date _____

Do you, or does anyone in your household, require any modifications or accommodations in order to fully utilize the unit or the program and its services?

Authorizations, Representations and Certifications:

I do hereby authorize The Abingdon Redevelopment & Housing Authority to obtain a consumer report as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 a(d), seeking information requested on the credit worthiness, credit standing, credit capacity, general reputation, or mode of living of applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. 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 U.S. or the Department of Housing and Urban Development.

Notice: Any attempt to obtain Public Housing, any rent subsidy or reduction by false information, impersonation, failure to disclose or other fraud, and act of assistance to such attempt is a crime under Virginia law.

Do you wish to remain in your current housing unit? Yes _____ No _____

I do hereby Certify that I have reviewed all answers and certifications and the information is true and correct to the best of my knowledge.	
Signature of Head of Household:	Date:
Signature of Spouse or other Adult:	Date:
PHA Representative:	Date: