

BRISTOL HOUSING

SECTION 8 HCV PROGRAM - RECERTIFICATION FORM

Name: _____ Phone: _____ 2nd Phone _____

Address: _____

HOUSEHOLD COMPOSITION: List the legal name of all household members who will reside in the unit as their name appears on their Security Security Cards. Begin with head of household, then spouse or other adult and add children in the order of their birth from oldest to youngest.

	Name	Relationship To Head of Household	Sex	Age	Date of Birth	Place of Birth	Social Security Number
1		Head of Household					
2							
3							
4							
5							
6							
7							

Does anyone live with you who is not listed above? YES NO If yes, list the name and relationship and why they have not been included in the above list of household members. _____

HOUSEHOLD INCOME: List below all money earned or received by all household members living in the household – sources such as wages, commissions, tips, bonuses, stipends for job training programs, self-employment, child support, contributions from friends or family, plasma donations, social security, SSI, retirement benefits, workman’s comp, TANF, veterans benefits, rental income, stock dividends, interest, alimony, annuities, bills paid by someone else on your behalf, etc.

	Source of Income	Wages/Salaries	VA/Retirement Income	TANF Benefits	Other Income	Food Stamps
1						
2						
3						
4						
5						

Does anyone outside of your household pay for any of your bills or give you money? YES NO If yes, give the amounts and names of the providers. _____

ASSETS: List all assets of all household members – examples include: houses, boats, land, mobile homes, savings and checking accounts, C.D.'s, stocks or bonds, life insurance policies, 401K's, etc. List all assets, including those jointly owned that you may not have possession of at this time.

	Asset Description	Type of Asset	Value of Asset
1			
2			
3			
4			
5			

Have you disposed of any assets in the last two years? [] YES [] NO If Yes, explain: _____

DEDUCTIONS: List any money paid for child care, medical expenses or handicapped assistance which has not been reimbursed from other sources:

	Type of Expense & Name of Provider	Amount Paid Weekly/Monthly
1		
2		
3		
4		

PERSONS WITH DISABILITIES:

If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact/notify Bristol Housing office personnel at 423-274-8150. A request may also be made by contacting Steve Scyphers, Section 504 Coordinator, at 423-274-8160 or in writing to 204 Bluff City Hwy., Bristol, TN 37620-4215.

CRIMINAL ACTIVITY:

****Have you or any adult household member been arrested/convicted of ANY type of criminal law violation since your last recertification? [] YES [] NO** If you answered YES, name the household member involved, type of criminal law violation, date, location, and disposition of case must be given for ALL OFFENSES: _____

****Have you or any adult household member engaged in the felonious use and/or possession of drugs since your last re-certification [] YES [] NO** If YES, Please explain: _____

I/We hereby certify that all information provided on this document is complete and accurate to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law, Tennessee code annotated (Title 39, Chapter 19, Section 1) and are grounds for termination of housing assistance.

_____	_____	_____	_____
Head of Household	Date	Spouse or Other Adult	Date
_____	_____	_____	_____
Other Adult	Date	Other Adult	Date