

Housing Authority of
The City of Perth Amboy
Housing Choice Voucher Program
Interim Recertification Packet

¡Este document es importante, tradúzcalo inmediatamente!

Instructions:

This packet contains five (5) parts. Please complete the part(s) that apply to the change(s) you are reporting. You may skip all other sections. You and all other household members over the age of 18 must sign the Participant Certification on the last page of this packet.

- PART 1: Household Size Increase**
- PART 2: Change in Household Income**
- PART 3: Removal of Household Member(s)**
- PART 4: Addition of PHA Approved Adult to Household**
- PART 5: Expenses Related to Addition of a Child**
- PART 5A: New Expenses for Elderly and Disabled Families ONLY**

All supporting documents for your request must be returned with this packet. Changes cannot be processed without documentation supporting your claims of a change in income and/or household composition.

Return to:

Housing Authority of The City of Perth Amboy
881 Amboy Ave.
P.O. Box 390
Perth Amboy, NJ 08862
Tel: (732) 826-3110 · Fax: (732) 826-3110
www.perthamboyha.org

ACCEPTABLE FORMS OF SUPPLEMENTAL DOCUMENTATION

TYPE OF CHANGE REPORTED	DOCUMENTS REQUIRED
Addition of CHILD (below 18 years of age) to the Household	<ul style="list-style-type: none"> • Copy of birth certificate • Copy of social security card • Declaration of Citizenship – Form 214
....If due to Adoption/Guardianship of a child	<ul style="list-style-type: none"> • Copy of Adoption/Guardianship Order from Court
....If due to Child Custody Change	<ul style="list-style-type: none"> • Court order verifying custody change or notarized statement from either natural parent stating that the child resides with you.
Decrease in Household Income	<p>You must submit proof that your income has decreased. For example, if you were receiving unemployment benefits and your benefits have stopped, you must supply a letter from Unemployment verifying that your benefits have ended. Or if your work hours have been reduced, you must submit a letter from your employer verifying the reduction of your hours.</p>
Expenses Related to Addition of a Household Member under 12 Years of Age	<p>Letter from the childcare center verifying your child's enrollment and the weekly or monthly amount. If you receive assistance with your childcare (for example, <i>Programs for Parents</i>), you must also submit proof of this assistance. If a private caretaker provides child care, you must submit a notarized statement from that provider stating the weekly or monthly charge for his/her services.</p>
Elderly or Disabled Family Expenses (Head of Household or Spouse is age 62+ or disabled)	<p>Must supply proof of any unreimbursed expenses claimed by submitting receipts, statements from the creditor, or verification of the anticipated cost of an ongoing expense. For example, submit receipts for prescriptions that must be filled monthly.</p>
Addition of Adult Household Member (All 18+ years of age, including live-in aides)	<ul style="list-style-type: none"> • Copy of birth certificate • Copy of social security card
Addition of Adult Household Member (18+ years of age, excluding live-in aides)	<ul style="list-style-type: none"> • Proof of income must be provided. If income is from employment or unemployment the most current two (2) paystubs must be provided • If the adult has a bank account, the six (6) most current statements must be provided. • If the adult is a full-time student, a paid tuition bill or a letter from the school must be provided verifying the student's status.

If you have further questions regarding additional documentation needed, please contact us at

Housing Choice Voucher Program INTERIM RECERTIFICATION QUESTIONNAIRE

HEAD OF HOUSEHOLD INFORMATION (PLEASE PRINT):

Head of Household: _____ Date of Birth: _____
Last First Middle/Maiden mm/dd/yyyy

Address (include Apt#): _____

City: _____ State: _____ Zip Code: _____

Home Phone#: _____ Work Phone#: _____ Cell Phone#: _____

Social Security Number (last 4 digits): XXX-XX _____ E-mail Address: _____

SECTION 1: ADDITION OF CHILD(REN) TO HOUSEHOLD

NOTE: You must submit copies of the birth certificate and social security card for each child added to your household. Additionally, if the new child in your household is due to a change in custody, you must submit a copy of the court order or a notarized statement from either of the child's natural parents stating that the child is in your custody or custody of another adult member of your household.

A) Legal Name of Child: _____ Date of Birth: _____
mm/dd/yyyy

Social Security Number (last 4 digits): XXX-XX _____ Relationship to You: _____

1) Do you receive any income and/or benefits on behalf of this child?
(i.e., child support, social security, SSI, additional TANF, Food Stamps, General Assistance, etc.) YES NO

Source of Income/Benefit(s): _____

Case Number: _____ Monthly Amount: \$ _____

B) Legal Name of Child: _____ Date of Birth: _____
mm/dd/yyyy

Social Security Number (last 4 digits): XXX-XX _____ Relationship to You: _____

1) Do you receive any income and/or benefits on behalf of this child?
(i.e., child support, social security, SSI, additional TANF, Food Stamps, General Assistance, etc.) YES NO

Source of Income/Benefit(s): _____

Case Number: _____ Monthly Amount: \$ _____

C) Legal Name of Child: _____ Date of Birth: _____
mm/dd/yyyy

Social Security Number (last 4 digits): XXX-XX _____ Relationship to You: _____

1) Do you receive any income and/or benefits on behalf of this child?
(i.e., child support, social security, SSI, additional TANF, Food Stamps, General Assistance, etc.) YES NO

Source of Income/Benefit(s): _____

Case Number: _____ Monthly Amount: \$ _____

SECTION 2: CHANGE IN HOUSEHOLD INCOME

A) Is this income decrease due to a household member no longer residing in the unit? YES NO

If YES, please skip to Section 3

1) If NO, in the space below, please describe how your household income has decreased:

Is this an increase in household income? YES NO

B) Name of Household Member with Income Change: _____

Previous/Current Source of Income: _____

Address: _____

Phone#: _____ Fax#: _____

Case/Claim# (if applicable): _____ Monthly Amount: \$ _____

C) Name of Household Member with Income Change: _____

Previous/Current Source of Income: _____

Address: _____

Phone#: _____ Fax#: _____

Claim/Case# (if applicable): _____ Monthly Amount: \$ _____

NOTE: You must submit proof that the household income has increases or decreased. For example, if you were previously receiving unemployment benefits and your benefits have ended, you must submit a letter from unemployment stating that your benefits have ended. If you have started a new job you must provide 2-4 paystubs.

SECTION 3: HOUSEHOLD SIZE DECREASE

Complete this section only if your household size has decreased.

A) Name of Former Household Member: _____

Relationship to Head of Household: _____

Date the household member moved out of the unit: _____

Former Household Member's current address: _____

B) Name of Former Household Member: _____

Relationship to Head of Household: _____

Date the household member moved out of the unit: _____

Former Household Member's current address: _____

C) Name of Former Household Member: _____

Relationship to Head of Household: _____

Date the household member moved out of the unit: _____

Former Household Member's current address: _____

D) Name of Former Household Member: _____

Relationship to Head of Household: _____

Date the household member moved out of the unit: _____

Former Household Member's current address: _____

SECTION 4: ADDING APPROVED HOUSEHOLD MEMBER

Complete this section ONLY if you have received approval from the PHA to add a qualifying adult to your household.

A) Name of New Household Member #1: _____

Relationship to Head of Household: Spouse /Domestic Partner Live-in Aide Other Adult

Social Security Number (last 4 digits): XXX-XX _____ Date of Birth: _____
mm/dd/yyyy

1) Does the new household member have income from any source? YES NO

Income Source(s): _____ Monthly Amount: \$ _____

2) Do you receive income from any source on behalf of the new household member? YES NO

Income Source(s): _____ Monthly Amount: \$ _____

3) Is the new household member a full-time student? YES NO

4) Does the new household member have any type of bank account? YES NO

B) Name of New Household Member #2: _____

Relationship to Head of Household: Spouse /Domestic Partner Live-in Aide Other Adult

Social Security Number (last 4 digits): XXX-XX _____ Date of Birth: _____
mm/dd/yyyy

1) Does the new household member have income from any source? YES NO

Income Source(s): _____ Monthly Amount: \$ _____

2) Do you receive income from any source on behalf of the new household member? YES NO

Income Source(s): _____ Monthly Amount: \$ _____

3) Is the new household member a full-time student? YES NO

4) Does the new household member have any type of bank account? YES NO

SECTION 5. EXPENSES RELATED TO ADDITION OF HOUSEHOLD MEMBER

A) Do you or any household member have childcare expenses for any child 12 years of age or younger that has been added to your household? YES NO

If yes, please provide the following information:

1) Name(s) of Child(ren): _____

Childcare Provider Name: _____ Monthly Cost: \$ _____

Address: _____

Phone#: _____ Fax#: _____

B) Does any person or agency pay any portion of the childcare expenses? YES NO

If yes, please provide the following information:

Agency or Person's Name: _____ Amount Paid: \$ _____

Phone#: _____ Fax#: _____

SECTION 5A: ELDERLY OR DISABLED FAMILIES ONLY (ALL OTHERS SKIP TO NEXT PAGE)

A) Is any new household member paying outstanding medical bills? YES NO

If yes, please provide the following information:

1) Name of Household Member: _____

Name of Provider: _____

Address: _____ Phone#: _____ Fax#: _____

B) Do you or any household member expect to have additional medical expenses in the next twelve (12) months that will not be covered by insurance? (This includes prescription and non-prescription drugs, co-payments, medical tests, eyeglasses, hearing aid expenses or other medical costs) YES NO

If yes, please provide the following information:

1) Name of Household Member: _____

Name of Provider: _____ Phone#: _____

Type of Medical Expense: _____ Fax#: _____

Monthly Cost: \$ _____

C) Do you pay for a care attendant, a service animal or any equipment on behalf of any new household member with a disability in order to allow that person or someone else in the family to work or go to school? YES NO

1) Name of Household Member with Disability: _____

Type of Expense: _____ Monthly Cost: \$ _____

PARTICIPANT CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION GIVEN TO THE PERTH AMBOY HOUSING AUTHORITY ON THE FAMILY COMPOSITION AND CHARACTERISTICS, INCOME, AND EXPENSES, IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW AND GROUNDS FOR TERMINATION OF HOUSING ASSISTANCE.

I UNDERSTAND THAT ALL CHANGES IN FAMILY COMPOSITION MUST BE REPORTED IN WRITING TO THE PERTH AMBOY HOUSING AUTHORITY WITHIN THIRTY (30) DAYS OF THE CHANGE. FURTHER, NO ONE IS PERMITTED TO MOVE INTO MY UNIT WITHOUT PRIOR WRITTEN APPROVAL OF THE PHA AND MY LANDLORD. I UNDERSTAND THAT ANY ATTEMPT TO OBTAIN PUBLIC HOUSING, ANY RENT SUBSIDY OR RENT REDUCTION BY FALSE INFORMATION, IMPERSONATION, FAILURE TO DISCLOSE OR OTHER FRAUD, AND ANY ACT OF ASSISTANCE TO SUCH ATTEMPT IS A FELONY UNDER TITLE 18, SECTION 1001 OF THE UNITED STATES CODE AND UNDER NEW JERSEY STATE LAW.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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 UNITED STATES.

Signature of Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of Other Adult Household Member: _____ Date: _____

Signature of Other Adult Household Member: _____ Date: _____

Signature of Other Adult Household Member: _____ Date: _____

WE APPRECIATE YOUR COOPERATION IN COMPLETING THIS QUESTIONNAIRE

DO NOT WRITE IN THIS SPACE - FOR PHA STAFF ONLY

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete. Any items that were not complete on the date of this questionnaire was originally submitted have now been entered, dated and initialed by the Head of Household/Spouse and myself.

Signature of PHA Representative: _____ Date: _____