

SSHDC SECTION 8/MRVP FAMILY CERTIFICATION FORM

ADDRESS: _____

MAILING ADDRESS: _____

PHONE #'S: HOME: () _____ WORK : () _____ EMAIL: _____

FAMILY COMPOSITION (PLEASE USE OTHER SIDE IF YOU NEED MORE SPACE)

FAMILY MEMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	*RACE/ETHNICITY	SEX M/F	SOCIAL SECURITY NO.	LAST GRADE
HEAD			/			
1.			/			
2.			/			
3.			/			
4.			/			
5.			/			
6.			/			
7.			/			

RACE CODES ARE: 1=WHITE 2=BLACK 3=American Indian 4=ASIAN/PACIFIC ISLANDER, ETHNICITY CODES ARE 1=HISPANIC OR 2=NOT HISPANIC. PLEASE USE BOTH CODES (ONE EACH SIDE OF THE SLASH) FOR EACH MEMBER. EXAMPLE: 2/2= BLACK/NOT HISPANIC.

INCOME: FAILURE TO REPORT ALL INCOME FROM ALL SOURCES FOR ALL FAMILY MEMBERS IS GROUNDS FOR TERMINATION OF RENTAL ASSISTANCE.

FAMILY MEMBER	SOURCE OF INCOME:	WEEKLY AMOUNT	ACCOUNT NUMBER	BANK NAME	VALUE
HEAD					
1.					
2.					
3.					
4.					
5.					
6.					
7.					

HEAD OR SPOUSE 62 YEARS OR OLDER, OR ANY AGE DISABLED, ELIGIBLE FOR SELF-PAID MEDICAL EXPENSES IN EXCESS OF 3% OF GROSS ANNUAL INCOME? YES _____ NO _____

IF YOU WORK OR ATTEND SCHOOL, DO YOU PAY FOR CHILDCARE FOR CHILDREN 12 YEARS OR YOUNGER?
 YES ___ NO ___ \$ _____ PER WEEK

INDICATE THE FOLLOWING BENEFITS YOU RECEIVE: MEDICAID/CHILDRENS HEALTH INSURANCE PROGRAM _____
 EARNED INCOME CREDIT _____ FOOD STAMPS _____

WORK RELATED BENEFITS: HEALTH INSURANCE ___ RETIREMENT PLAN ___ OTHER ___

I HEREBY CERTIFY THAT THE ABOVE INFORMATION ON FAMLY COMPOSITION, GROSS ANNUAL FAMILY INCOME, NET ASSETS, AND ELIGIBILITY FOR DEDUCTIONS IS COMPLETE, TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF HEAD OF HOUSEHOLD _____ DATE _____