



# HCV Certification Form

**Instructions for completing this form: Complete this form IN INK. You must answer ALL questions front and back. A packet must be completed for every change of income or household composition, by each household member 18 years of age or older.**

Name: \_\_\_\_\_ Specialist/Coordinator: \_\_\_\_\_

Address \_\_\_\_\_ Phone Number: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Section I: Household Information

**A. Household Composition.** Starting with the Head of the Household, list all members of the household. Use the correct legal name for each member as it appears on his/her Social Security Card or INS documents.

Name First, Last (Must be Legal Name)	Relationship to Head of Household	Date of Birth	Gender	Full time Student Yes/No	Disabled Yes/No	US Citizen Yes/No	If NOT a US Citizen, Permanent Legal Resident Yes/No
1.	Head of Household		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.			<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If you have more family members to list, please use a plain sheet of paper and attach**

**Section II: Supplemental Information**

**Yes**      **No**  
       I provided proof of social security number (or certification) for all household members (certification for individuals under 18 years of age will be executed by a parent or guardian)

      Have you or any member lived in in any subsidized housing program? (PHA, HCV, Section 8 etc.)

If Yes: Who: \_\_\_\_\_ When: \_\_\_\_\_  
Where: \_\_\_\_\_

      Have you or any member been required to repay money for knowingly misrepresenting information while living in any subsidized housing program? (PHA, HCV, Section 8 etc.)

If Yes: Who: \_\_\_\_\_ When: \_\_\_\_\_  
Where: \_\_\_\_\_

      Have you or any member committed any fraud while living in any subsidized housing program? (PHA, HCV, Section 8 etc.)

If Yes: Who: \_\_\_\_\_ When: \_\_\_\_\_  
Where: \_\_\_\_\_

      Have you or any member in your household currently or ever been on parole or probation?

If Yes: Who: \_\_\_\_\_ When: \_\_\_\_\_  
Date of Discharge: \_\_\_\_\_ Crime: \_\_\_\_\_

      Are you or anyone in your household subject to registration as a sex offender in any state?

If Yes: Who: \_\_\_\_\_

      I have committed or been convicted of a crime other than a traffic violation in the last 12 months.

If Yes: Who: \_\_\_\_\_ When: \_\_\_\_\_  
Date of Discharge: \_\_\_\_\_ Crime: \_\_\_\_\_

**Part III: Income**

**Yes**      **No**

      I have a job and receive money/wages, tips or bonuses: (if more than 2 jobs list on plain sheet of paper)

If yes    Where: \_\_\_\_\_ Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

Where: \_\_\_\_\_ Address: \_\_\_\_\_ Start Date: \_\_\_\_\_

      I am self-employed: List the types of jobs you do: \_\_\_\_\_

      I receive Social Security or Rail Road Retirement Act Income. Amount \$ \_\_\_\_\_

      I receive Supplemental Security Income (SSI): Amount \$ \_\_\_\_\_

      I receive quarterly payments from DHS for the State-paid portion of the SSI grant

      I receive unearned income for a family member(s) age 17 or under (SSI, Social Security)  
**Minors Name(s):**

\_\_\_\_\_  
\_\_\_\_\_

      I receive periodic payment from retirement funds or pensions.

Where: \_\_\_\_\_ Amount \$ \_\_\_\_\_

      I receive disability or death payments other than social security Amount \$ \_\_\_\_\_

      I receive Veteran's Administration benefits Amount \$ \_\_\_\_\_

      I receive cash assistance (FIP) or food assistance through DHS:

County: \_\_\_\_\_ Cash Amount \$ \_\_\_\_\_ Food Stamp Amount \$ \_\_\_\_\_

      I am currently sanctioned for non-compliance through DHS. Why: \_\_\_\_\_

      I receive cash contributions or gifts including rent or utility payments on an ongoing basis from **person(s) not living with me and/ or organization ex: plasma donation.** (if more than 2, use plain sheet of paper)

Who: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Who: \_\_\_\_\_ Amount \$ \_\_\_\_\_

      I receive unemployment benefits: Amount \$ \_\_\_\_\_

**Part III: Income continued**

- | <b>Yes</b>               | <b>No</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from Workers' Compensation: Amount \$ _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from a trust, annuity or inheritance: Amount \$ _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive income from rental of real estate or personal property:<br>Address: _____ Amount \$ _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from lottery winnings: Amount \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive adoption subsidy payments:<br>Agency: _____ Amount \$ _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive foster care subsidy payments:<br>Agency: _____ Amount \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive child support. If so which county _____<br>Amount \$ _____ paid (circle on) Weekly      Monthly      Annually                    |
| <input type="checkbox"/> | <input type="checkbox"/> | I have been awarded a judgment for child support but have not been receiving payments  |
| <input type="checkbox"/> | <input type="checkbox"/> | I anticipate filing a claim for child support in the next 12 months  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive alimony: Amount \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive GI Bill Benefits: Amount \$ _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive active military duty allotments: Amount \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a member of an Indian Tribe and receive gaming payments: Amount \$ _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payments from insurance policies: Amount \$ _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive long term care insurance payments that exceed \$180/day or \$67,000 annually   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive other recurring or periodic payments not listed above: (if more than 1, use plain sheet of paper)<br>What: _____ Amount \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have income from sources other than those listed: (if more than 1, use plain sheet of paper. What: _____ Amount \$ _____                 |

**Part IV: Assets**

- | Yes                      | No                       |   |                 |
|--------------------------|--------------------------|---|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a savings account with List name of Bank _____   | Amount \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a checking account with List name of Bank _____  | Amount \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have certificates of deposit: List name of Bank _____   | Amount \$ _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have cash held in my home or safety deposit box: Amount \$ _____  |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have savings bonds  |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have Treasury bills   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have stocks   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have bonds  |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have mutual funds   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have IRA or Keogh account: Where _____  |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have time certificates  |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I own real estate: Address _____  |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I own a mobile home   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have land contracts   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I hold a mortgage or deed of trust  |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have revocable trusts   |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have personal property for investment purposes: (gems, jewelry, collections)                            |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I have assets from sources other than those listed: (if more than 1 use plain sheet of paper. What: _____ | Amount \$ _____ |

**Part V: Deductions**

**Yes**      **No**  
       I am elderly (age 62 or older), handicapped or disabled and pay Medicare premiums

      I am elderly (age 62 or older), handicapped or disabled and pay medical insurance premiums other than Medicare

      I am elderly ( age 62 or older), handicapped or disabled and pay medical or prescription which are not reimbursed by insurance

      I pay child care expenses for a child age 12 or under in order to gainfully employed or to further my education

Name and address of Provider: \_\_\_\_\_

      I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.

Name and address of Provider: \_\_\_\_\_

      I pay handicap equipment expenses for a handicapped/disabled family member which are not covered by insurance

      I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. Initial yes or no. If yes list items and dates:

\_\_\_\_\_  
Assets include cash (totaling in excess of \$5,000), cash held in savings and/or checking accounts, trust funds, equity in real estate or other capital investments, stocks, bonds, treasury bills, certificates of deposits, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e.: lottery winnings, insurance settlements) and personal property held as an investment (gems, or coin collection, paintings, antiques cars, etc.) Does not include: personal property such as furniture, automobile, or clothing.

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud.

I will notify the Lansing Housing Commission when circumstances change for possible recertification within 30 consecutive days from the date of the change. False, misleading, or incomplete information may result in termination from the Lansing Housing Commission.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date