

## Recertification Personal Interview

**I Occupants** - List all occupants residing in the apartment.

	Name	Date of Birth	Social Security Number	Household Status
1.	_____	_____	_____	<i>Head of Household</i>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

**II Income** – Who in your household works (014) or receives income (013-020)?

List **ALL** household members and declare, by circling the correct response, their income status.  
If any person, other than the head of household, 18 or older,  
does not work, that member must complete a Non-Income Affidavit (014C).

	Name	Do you work or have another source of income?	Employer name and address or source of income	Household Status
1.	_____	yes / no	_____	<i>Head of Household</i>
2.	_____	yes / no	_____	_____
3.	_____	yes / no	_____	_____
4.	_____	yes / no	_____	_____
5.	_____	yes / no	_____	_____
6.	_____	yes / no	_____	_____

If you are the head of household and do not work and have no other source or sources of income,  
you must complete an Informal Support Affidavit (013),  
to be verified by using an Informal Support Verification (013A).  
If you are the head of household and do not work and have no other source or sources of income,  
but you do receive income for the benefit of another household member,  
you must complete a Non-Income Affidavit (014C).

**Other Sources of Income** – Do you or anyone in your household receive income from any of the following sources?

Unemployment (014A)	yes / no	Military Pay (017A)	yes / no
Social Security (015)	yes / no	Veteran’s Benefits (017B)	yes / no
Disability (015)	yes / no	Black Lung Benefits (017C)	yes / no
KTAP (016) / Non-KY (016A)	yes / no	Self-Employment (018)	yes / no
Pension / Retirement / Annuity (017)	yes / no	Other Sources of Income (specify)	yes / no

**Child Support** – Are you now or have you ever been entitled to receive Child Support Benefits (019)?      yes / no

**III Assets** – Do you or anyone in your household have any of the following assets (022)?

Every member of the household, 18 or older, must complete a Certification of Assets (021).  
List financial institutions’ names, addresses, phone numbers & accounts numbers on a separate sheet of paper.  
For Tax Credit properties, **ALL** household assets must be verified. This includes the assets of dependents.

Checking Account	yes / no	Disposition of Assets	yes / no
Savings Account	yes / no	(copy of settlement statement)	
Electronic Banking Transaction Card	yes / no	Stocks or Bonds	yes / no
Christmas Club	yes / no	(statements required)	
Certificate of Deposit	yes / no		
Real Estate (PVA Assessment)	yes / no		

**IV Child Care Expenses** – Do you pay for childcare in order to attend school or to work (023)?      yes / no

Provider’s Name	Address	Phone Number	Contact Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**V Household Allowances** – An allowance may be given if the head of household or co-head of household qualify under the definition of elderly, disabled or handicapped. Eligibility must be verified. Do you wish to apply for this allowance?                    **yes / no**

**VI Medical Expenses** – Complete this section only if the head of household or co-head of household qualify under the definition of elderly, disabled or handicapped. Eligibility must be verified.

**List all health care provider names, addresses and phone numbers on a separate piece of paper.**

Do you pay out of pocket for any of the following expenses (025)?

Physicians	yes / no
Other health care providers	yes / no
Prescriptions	yes / no
Non-prescription medicines (must have receipts)	yes / no
Dental	yes / no
Eyeglasses, hearing aids, batteries, wheelchairs, walkers, etc. (must have receipts)	yes / no
Other supplies and equipment (must have receipts)	yes / no
Attendant care/Periodic care	yes / no
Medical mileage	yes / no
Other (must have receipts)	yes / no

**VII Student Status** – List all household members and declare, by circling the correct response, their student status.

List educational institution names, addresses and phone numbers on a separate piece of paper.

Name	Are you a student?	Age	Household Status
1. _____	yes / no	_____	<i>Head of Household</i>
2. _____	yes / no	_____	
3. _____	yes / no	_____	
4. _____	yes / no	_____	
5. _____	yes / no	_____	
6. _____	yes / no	_____	

**Tax Credit Properties**

It is always necessary to complete a Student Status (026A).  
 It is not necessary to third party verify the student status of children between the ages of 6 and 16.  
 It is assumed they are full time students.  
 Children under the age of 6 are considered non-students.

**Rural Development Properties**

It is only necessary to third party verify Student Status (026), if a non-head of household member, 18 or older, would like to declare full-time student status.

**HUD Properties**

It is always necessary to complete a Declaration of Student Status (H026-A) and then an Independent Student Certification (H026-B) if any household member, 18 or older, answered “yes” on H026-A.

All information requested above must be fully completed. If not applicable, then mark “n/a” in the space that is not applicable. In certain incidences it is necessary to attach a second sheet of paper, please remember to do so.

I sign, declare and certify that all information given in this Recertification Personal Interview is true and complete to the best of my knowledge and that the statements are considered as part of my lease. If at any time it is determined that any information I have given is false or incomplete, it will be a breach of the lease contract and appropriate action will be taken.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager’s Signature

\_\_\_\_\_  
Date