RECERTIFICATION CHECKLIST

Please read the following list and provide the documents that apply.

INCOME:

___ Provide your last two consecutive pay stubs or a printout from your employer.

___ If you are receiving Social Security or SSI benefits please bring your most recently received award letter.

___ If you receive child support provide a printout from the Department of Child Support Enforcement (DCSE) or Court to verify amounts. If you receive child support not through either of these then a notarized statement from who is providing child support.

___ If you receive TANF please provide your award letter or a print out from the Department of Social Services.

Please remember that for any income you list on your Information Form for Rental Assistance Benefits you will need to provide verification.

ASSETS:

___ If you or any household member (regardless of age) have a checking or savings account, provide the most recent ORIGINAL Bank Statements. We can not accept ATM receipts or computer printouts unless they are signed and dated by a bank representative.

___ If you have stocks, certificates of deposit or money market accounts please provide the most recent statement to verify the account balance and penalty for early withdrawal.

___ If you are a participant in a 401K plan or other retirement investment account provide the most recent quarterly statement.

OTHER:

___ If you or any household members, 18 years or older, are full time students, you must provide verification of school enrollment (MUST INCLUDE THE CHILD’S NAME & ADDRESS).

___ If you or any household member is attending college or university provide a copy of the transcripts, receipt of classes paid for, copy of the financial aid award letter, copy of any athletic scholarship verifying the amount of their housing assistance.

___ If you own real estate, please provide a copy of the tax assessment.

DEDUCTIONS:

___ If the head of household is responsible for day care expenses for children 12 years of age and younger due to employment or attending school; provide a statement of expense and supply providers contact information.

The following applies only if the head of household or spouse is 62 years old or older, handicapped, or disabled:

___ If you have a need for over the counter medications prescribed by your doctor, please provide a doctor's statement verifying the need for this medication.

___ If you are taking prescription drugs provide a printout from your pharmacist listing the drugs and the amount you pay out of pocket.

___ If you have a doctor’s co-pay provide a printout from your doctor of your appointments and the amount of your co-pay for each appointment.

___ If you pay a premium for medical insurance provide a copy of your annual bill.