



BOSTON HOUSING AUTHORITY
 Leased Housing
 52 Chauncy Street, Floor 1, 4, & 5
 Boston, Massachusetts 02111

Phone: 617-988-4000
 TDD: 800-545-1833 x420
www.BostonHousing.org

(This information is available in alternative format upon request.)

*****THIS FORM MUST BE COMPLETED AND BROUGHT TO YOUR LEASING OFFICER*****

Recertification Questionnaire (please complete all pages and submit with your application)

Head of Household Name:		
Address:	City:	Zip:
Home Tel:	Work Tel:	

FAMILY COMPOSITION - List all who will live with you at your unit.

First Name / Last Name	Relation to Head	Social Security #	Disabled ?	Sex	Date of Birth	Race/ Ethnicity
1.	HEAD		Y / N	M/ F		
2.			Y / N	M/ F		
3.			Y / N	M/ F		
4.			Y / N	M/ F		
5.			Y / N	M/ F		
6.			Y / N	M/ F		
7.			Y / N	M/ F		
8.			Y / N	M/ F		
9.			Y / N	M/ F		
10.			Y / N	M/ F		

***Addition of any household members requires prior BHA and Landlord approval. **Note:** Any name change in your family must be verified by legal documentation.

LANGUAGE SPOKEN

Do you (head of household) or your co-head speak English? YES NO

What language do you (head of household) or co-head speak? _____

Do you (head of household) or your co-head read English? YES NO

What language do you (head of household) or your co-head read? _____

INCOME

(1) **Employment Income** - Do you or any member of your family who is 18 years of age or older receive income from employment? **YES** **NO**

If no, go on to the next question. **If yes**, complete the information requested below and **bring the four most current consecutive** paystubs. You **must** list additional income information on another sheet of paper.

Family Member:		Employer:	
Employer Address:		City:	Zip:
Employer Telephone:	Fax:	Amount:	/per:
Family Member:		Employer:	
Employer Address:		City:	Zip:
Employer Telephone:	Fax:	Amount:	/per:
Family Member:		Employer:	
Employer Address:		City:	Zip:
Employer Telephone:	Fax:	Amount:	/per:

(2) **Self – Employment/Income from Business** - Do you or any family members receive income from self-employment or from a business owned by the family member? **YES** **NO**

If no, go on to next question. **If yes**, complete the following and **supply** BHA with IRS Form 1040 and all Schedules:

Family Member	Source	Annual Amount

(3) **Retirement Income** - Do you or any family members receive income from Social Security, Retirement Plans, Annuities, IRAs or other Retirement source? **YES** **NO**

If no, move on to the next question. **If yes**, complete the following and **bring the most recent statement** from each account.

Family Member	Source	Amount	Frequency

- (4) **Assets/Real or Personal Property/Bank Accounts** - Do you or any members of your household hold own real or personal property (i.e. assets) in any of the following forms: Bank Accounts, Real Estate, Stocks or Bonds, Other Assets? YES NO

If no, go to next question. If yes, complete the following and **bring any statements** to your scheduled appointment. Include each asset on a separate line.

Family Member	Source / Name of Bank	Interest Rate	Annual Income

- (5) **Income from Social Security / Workers Compensation / Payments in Lieu of Earnings** - Do you or any family members receive income from any of the following sources: Unemployment Income, SSI or SSDI, Payments from Accident or Health Insurance, or Workers Compensation? YES NO

You may be required to request verification from SSA by calling **1-800-772-1213** (TTY 1-800-325-0778) or at <http://www.ssa.gov/onlineservices/>. Participants should **NOT** go in person to the SSA.

If no, move on to the next question. If yes, complete the following and **bring the most current statement** from the source to show proof of payment:

Family Member	Source	Amount	Frequency

- (6) **Gifts and Scholarships** - Do you or any family members receive a regular gift (at least twice a year for two or more years or \$2000 or more once each year for two or more years)? YES NO

If no, move on to the next question. If yes, complete the following and **bring the name and address of the most current provider.**

Family Member	Source	Amount	Frequency

- (7) **Public Assistance / Welfare** - Do you or any family members receive income from public assistance (TANF) or food stamps?

YES NO

If no, go on to the next question. If yes, complete the following and bring your most current statement(s):

Family Member	Source	Amount	Frequency

- (8) Support of Minors (Child Support / Social Security)** - Does any family member receive payments for the support of minors or full time students under 25 from any of the following sources: *Child Support, Social Security, Payments for Foster Care, Assisted Adoption Payments, Other Public Assistance?* YES NO

If no, go on to the next question. **If yes**, complete the following and bring a court order, statement, or address and telephone of individual provider:

Family Member	Source	Amount	Frequency

- (9) Gambling** - Has any family member received income from lottery or gambling in the past year?
 YES NO

If no, move on to the next question. **If yes**, complete below.

Family Member	Source	Amount	Frequency

- (10) Separate Support / Alimony** - Do you or any family members receive alimony or separate support payments? *Do not include foster care payments.* YES NO

If no, go on to the next question. **If yes**, complete the following and **bring** a court order, statement, or address and telephone of individual provider:

Family Member	Source	Amount	Frequency

- (11) Trusts or Inheritance** - Does any family member receive regular income from a trust, inheritance, or an estate?
 YES NO

If no, go on to the next question. **If yes**, complete below and **bring your most current statement** showing income and period of payment:

Family Member	Source	Amount	Frequency

(12) Certification of Zero Income (for each adult family member who does not receive any income)

1. I, _____ hereby certify that I do not currently receive, nor do I anticipate to receive any income from any source within the next twelve months. Signed Under the Pains and Penalties of Perjury.

Family Member Date

2. I, _____ hereby certify that I do not currently receive, nor do I anticipate to receive any income from any source within the next twelve months. Signed Under the Pains and Penalties of Perjury.

Family Member Date

DEDUCTIONS

I. Medical – Complete if you are at least 62 years old or disabled. In addition to completing the questions below ***please also bring*** any printout from pharmacy or receipts for medications and/or medical visits anticipated to be paid by you within then next 12 months..

Do you pay, out of pocket for medical insurance? YES NO

Do you pay for prescription medication? YES NO

Do you have any non-prescription (over-the-counter) medication that your doctor has requested you to use on a regular basis? YES NO

Do you have any outstanding medical bills on which you are paying? YES NO

II. Childcare Expenses or Care of a Disabled Family Member

Do you have child care expenses for a child(ren) under the age of 13 or expenses for care of a disabled family member in order for you to work, or to attend school?

Persons Cared For:		Care Provider Name:	
Provider Address:		City:	Zip:
Provider Telephone:	Fax:	Amount:	/per:
Persons Cared For:		Care Provider Name:	
Provider Address:		City:	Zip:
Provider Telephone:	Fax:	Amount:	/per:

III. Full-Time Student Status - Are any of the members of your family over age 18 full time students? If yes, please provide the information provided below.

Family Member	School	School Contact Information

