

### Important Information About Your Reexamination

Please read this carefully before completing the reexamination form.

**If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.**

- The reexamination form must be completed in the handwriting of the head of household. Incomplete reexamination forms will not be processed.
- Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form at the housing agency office.
- Use the full legal name of each person listed on the reexamination form as it appears on their social security card.
- Please print all answers.
- Answer all questions on the reexamination form. Do not leave any questions blank. If a question does not apply to you such as "*What is your telephone number*", and you do not have a telephone, write "none".
- All yes/no questions **must** be checked to indicate whether your response is a "yes" or "no".
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the reexamination form.
- The legal head of household and spouse/cohead (if any) must sign and date the reexamination form.
- Where indicated on this form, the questions apply to all members of the family listed on the reexamination form.
- The information that you provide on this reexamination form must be true and complete. It is a violation of federal and state criminal law to make false statements on an reexamination form for housing assistance. If you do not understand a question, please ask your housing representative.

#### Americans With Disabilities Act

**We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.**

**ANNUAL REEXAMINATION FOR HOUSING CHOICE VOUCHER HOUSING ASSISTANCE**

**PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD**

List all persons age 18 or older who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
1.	<b>HEAD</b>					
2.						
3.						
4.						
5.						

**CHILDREN 17 AND YOUNGER**

List all children who will be living in the home, oldest to youngest.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	School Name
6.							
7.							
8.							
9.							
10.							

**Answer the following questions about all members of the household:**

- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation?  Yes  No If yes, who? \_\_\_\_\_
- Is anyone who will be living in the home expecting a child?  
 Yes  No If yes, who? \_\_\_\_\_
- Is there anyone not listed on the reexamination form who is temporarily absent from the home?  
 Yes  No If yes, who? \_\_\_\_\_
- Has anyone who will be living in the home ever used another social security number other than the one listed on this reexamination form?  Yes  No \_\_\_\_\_ If yes, who?
- Has anyone who will be living in the home ever used another name, other than the one they are using now?  
 Yes  No If yes, who? \_\_\_\_\_
- Is anyone who will be living in the home 18 or over **and** a full-time student?  
 Yes  No If yes, who? \_\_\_\_\_
- Is anyone who will be living in the home attending college (part- or full-time?)  
 Yes  No If yes, who? \_\_\_\_\_
- Does anyone in your household require any type of accommodations to fully utilize our programs and services?  Yes  No If yes, who? \_\_\_\_\_  
What do they require? \_\_\_\_\_

ANNUAL REEXAMINATION FOR HOUSING CHOICE VOUCHER HOUSING ASSISTANCE

**PART B: CRIMINAL BACKGROUND AND OTHER INFORMATION**

*These questions apply to you and all of the members of your household.*

- 1. During the last 12 months, has any household member been arrested for any crime? .....  Yes  No  
If yes, how many times? \_\_\_\_\_ Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_
- 2. During the last 12 months, has any household member been convicted of any crime?.....  Yes  No  
If yes, how many times? \_\_\_\_\_ What crime(s)? \_\_\_\_\_
- 3. Is any household member a subject to lifetime sex offender registration?.....  Yes  No  
If yes, who? \_\_\_\_\_ In what State(s)? \_\_\_\_\_
- 4. Is any household member currently using illegal drugs?  Yes  No If yes, who? \_\_\_\_\_

**PART C: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY**

*(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)*

- 1. Did you or any family member file a federal income tax return for the past year? .....  Yes  No  
If yes, who? \_\_\_\_\_
- 2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?
  - Wages, salaries, tips, fees or commissions from an employer? (full or part time) .....  Yes  No
  - Compensation for personal services? .....  Yes  No
  - Income from the operation of a business or profession? .....  Yes  No
  - Interest, dividends or other income from real or personal property? .....  Yes  No
  - Payments from Social Security? .....  Yes  No
  - Payments from annuities? .....  Yes  No
  - Payments from insurance policies? .....  Yes  No
  - Payments from retirement funds? .....  Yes  No
  - Payments from pensions? .....  Yes  No
  - Payments from disability benefits? .....  Yes  No
  - Payments from death benefits? .....  Yes  No
  - Lump sum payments for the delayed start of periodic payments? .....  Yes  No
  - Unemployment compensation? .....  Yes  No
  - Disability compensation? .....  Yes  No
  - Worker's compensation? .....  Yes  No
  - Severance pay? .....  Yes  No
  - Welfare assistance payments? .....  Yes  No
  - TANF payments? .....  Yes  No
  - Alimony payments? .....  Yes  No
  - Child support payments? .....  Yes  No
  - Regular contributions or gifts from anyone? .....  Yes  No
  - Money from self employment? .....  Yes  No
  - Regular or special military pay? .....  Yes  No
  - Regular contributions from anyone? .....  Yes  No
  - Financial assistance to attend school .....  Yes  No

**ANNUAL REEXAMINATION FOR HOUSING CHOICE VOUCHER HOUSING ASSISTANCE**

3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency – (Circle one)
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

**PART D: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY**

*(An asset is something of value that can be converted to cash)*

1. Do you or any family member own or have access to any of the following?

Savings account? .....  Yes  No      Checking account? .....  Yes  No  
 Certificate of deposit? .....  Yes  No      Money market account?.....  Yes  No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

Stocks? .....  Yes  No      Bonds? .....  Yes  No  
 Real property (land)? .....  Yes  No      Trust funds ? .....  Yes  No  
 Pensions? .....  Yes  No      Individual retirement accounts? .  Yes  No  
 Inheritances? .....  Yes  No      Life insurance policies? .....  Yes  No  
 Any other type of capital investment? .....  Yes  No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

**PART E: INFORMATION ABOUT HOUSEHOLD EXPENSES**

1. Does any family member have expenses for child care of a child age 12 or younger? .....  Yes  No

If yes, complete the following:

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person? ..  Yes  No

If yes, how much is reimbursed per month? \$ \_\_\_\_\_

**ANNUAL REEXAMINATION FOR HOUSING CHOICE VOUCHER HOUSING ASSISTANCE**

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities)  Yes  No If yes, complete the following:

Care Attendant			Amount Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities). .....  Yes  No

If yes, what is the anticipated monthly cost? \$ \_\_\_\_\_

5. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Electric			
Gas			
Water			
Telephone			
TV Cable			
Car payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan			
Rentals			
Furniture			
Food			
Credit Cards			

**Medical Expenses** (These questions only apply if the head, spouse or cohead is 62 years or older or is disabled)

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums? .....  Yes .....  No
- Long term care insurance? .....  Yes .....  No
- Out of pocket prescription expenses? .....  Yes .....  No
- Past due medical bills? .....  Yes .....  No
- Other anticipated medical expenses? .....  Yes .....  No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

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**Certification of the Participant**

I hereby certify that all of the information I have provided on this reexamination form is true and complete. I understand that I am required to notify the housing authority in writing (within \_\_\_\_\_ days) if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority and my landlord. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Cohead

\_\_\_\_\_  
Date

**Certification of PHA Representative**

I hereby certify by my signature that I have explained all questions on this reexamination form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

\_\_\_\_\_  
Signature of PHA Representative

\_\_\_\_\_  
Date