

PROGRAM INTERVIEW AND RECERTIFICATION CHECKLIST

Complete a separate form for each household member who is age 18 or older or an emancipated minor.

Name: _____ Unit: _____

Phone: _____ Email: _____

#	YES	NO	COMPLETE EACH ITEM	Office Use Only
1			I am a citizen of the United States or a permanent legal resident.	104
2			I am a member of the U.S. Military or a Veteran	
3			A member of my household is subject to a registration requirement under a state sex offender program.	Screen
4			Is there an expected family addition? <input type="checkbox"/> Pregnancy <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Child	121
5			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other: _____ Name of School: _____	145
6			I was a student sometime during the current calendar year. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other Name of School: _____ I anticipate becoming a student some time during the upcoming twelve-month period. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other Name of School: _____	
	YES	NO	INCOME	Office Use Only
7			I am currently employed and receive wages. (<i>List the companies that pay you</i>)	124
8			I receive or have applied for unemployment benefits.	125/Award Letter
9			I have been laid off from my employer and anticipate returning to work on _____.	N/A
10			The date that my last employment ended was: _____	N/A
11			I am self-employed. (<i>List the name of your company and the type of Jobs you do.</i>)	126
12			I receive tips, bonuses and/or gratuity	127
13			I have no income	128
14			I receive or have applied for Social Security or Rail Road Retirement Act income.	Award Letter
15			I receive or have applied for Supplemental Security Income (SSI).	Award Letter
16			I receive quarterly payments from DHS for the State-paid portion of an SSI grant (Quarterly SSI).	Award Letter
17			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security).	Award Letter
18			I receive/expect to receive periodic payments from retirement funds or pensions. How many funds or pensions? _____	Award Letter

#	YES	NO	INCOME (continued)	Office Use Only
			List name(s) of fund or pension provider:	
19			I receive Dual Entitlement benefits for _____ Claim Number _____ Deceased SSN _____	Award Letter
20			I receive or have applied for disability or death benefits other than Social Security.	Award Letter
21			I receive or have applied for Veteran's Administration benefits.	129
22			I receive Public Assistance - TCA/TANF/TDAP (other than Food Assistance (FAP) and Medicaid)	131
23			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.	135
24			I have received, or anticipate receiving money from GoFundMe, CrowdSource, or similar fundraising platforms	140
25			I receive payments via PayPal, Venmo, CashApp, or other similar money transfer platforms	140
26			I have invested in cryptocurrency such as Bitcoin or other similar currencies	140
27			I receive or have applied for periodic payments from Workers' Compensation.	Award Letter
28			I receive periodic payments from a trust, annuity or inheritance.	140
29			I receive income from rental of real estate or personal property.	140
30			I receive periodic payments from lottery winnings.	140
31			I receive adoption assistance payments.	140
32			I receive alimony.	134
33			I receive GI Bill benefits.	Award Letter
34			I receive military active-duty allotments.	Award Letter
35			I am a member of an Indian Tribe receiving gaming payments.	Award Letter
36			I receive periodic payments from insurance policies.	Award Letter
37			I receive long term care insurance payments	Award Letter
38			I receive other recurring or periodic income not listed above. (Includes financial aid under the Higher Education Act of 1965 from private sources or institution) Describe:	Award Letter
#	YES	NO	CHILD SUPPORT	Office Use Only
39			I receive child support. List names of parents that you receive support from?	132
40			Is Child Support Paid Directly to DHS?	N/A
41			I have been awarded a judgment for child support but have not been receiving payments.	133
42			I have been awarded a judgment and reasonable efforts have been made to collect the amounts due including filing with courts or agencies responsible for enforcing the payments? List State _____ and County _____ where granted.	
43			I anticipate filing a claim for child support within the next twelve months.	

#	YES	NO	ASSETS	Office Use Only
44			I have a savings account(s) and/or Money Market Account(s) at: List name(s) of Financial Institution(s).	140
45			I have a checking account(s) at: (List name(s) of Financial institutions)	140
46			I have a prepaid card, debit Card, or pay card on which funds from Social Security, SSI, Child Support, DHS, unemployment or another agency are directly deposited. If yes, how many? ____ From which Agency(ies)? (List name(s) of Financial institution(s)):	140
47			I have certificates of deposit at: (List name(s) of Financial institutions)	140
48			I have cash held in my home or in a safety deposit box.	140 + 136/142
49			I have savings bonds. If yes, how many? ____ {Please provide copies}	140
50			I have Treasury Bills. If yes, how many? ____ {Please provide copies}	140
51			I have stocks at:(List name(s) of Financial institutions)	140
52			I have a 401k or 403b at: (List name(s) of Financial Institution(s))	140
53			I have bonds at: (List names of Financial institutions)	140
54			I have Mutual Funds or securities at: (List names of Financial Institutions)	140
55			I have IRA's or Keogh accounts) at: (List name(s) of institutions)	140
56			I have an annuity(ies) at: (List name(s) of institutions)	140
57			I own real estate. If yes, how many properties? ____ Address of Property(ies)	SDAT
58			I own a mobile home.	140
59			I have land contracts. If yes, how many?	140
60			I hold a mortgage or deed of trust.	140
61			I have revocable trusts. If yes, how many trusts?	Copy
62			I have a whole life or universal life insurance policy(ies). If yes, how many policies? (List name(s) of institution(s))	140
63			I have time share certificate (s) at: (List name(s) of institution)	140
64			I have personal property held for investment purposes (gems, jewelry, collections, etc.).	140
65			I have lump sum receipts or one-time receipts.	140
66			I have other name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.	N/A
67			I have joint ownership on one or more of the above assets. (Describe)	N/A
68			I have income/assets from sources other than those listed above. (Describe)	Statement
69			A member of my household is under the age of 18 and has assets. (Describe)	N/A

#	YES	NO	COMPLETE EACH ITEM	Office Use Only
70			I am a single parent with Joint physical custody and the other parent resides in subsidized housing.	Court Document
71			I am Elderly (age 62 or older). Handicapped or Disabled and pay Medicare premiums	EIV
72			I am Elderly (age 62 or older). Handicapped or Disabled and pay medical insurance premiums, other than Medicare.	EIV
73			I am Elderly (age 62 or older). Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.	Print Out
74			I am Elderly (age 62 or older). Handicapped or Disabled and pay long term care insurance premiums.	Receipts
75			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.	Receipts
76			Family Independence Agency (FIA) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays: <input type="checkbox"/> full <input type="checkbox"/> partial.	Award Letter
77			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.	Receipts
78			I pay handicap equipment expenses for a handicapped/disabled family member which is not covered by insurance.	Receipts
#	YES	NO	OTHER ITEMS	Office Use Only
79			I have provided proof of Social Security Number (or certification) for all household members. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)	SS Card
80			Has the SSN of any household member changed since the last certification	SS Card
81			I have sold, given away or otherwise transferred ownership of assets within the last two (2) years for under Fair Market Value. Initial the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): -Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds. Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.	141

All items on this checklist will be verified in accordance with the Cumberland Housing Group's Verification Procedures Policy which is in alignment with the HUD approved verification procedures. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)

Date

Signature