

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			Are you a citizen of the United States or a permanent legal resident.	104
2			Are you a member of the U.S. Military or a Veteran	
3			Is any member of my household 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			Are you presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other: _____ Name of School: _____	145
6			Were you 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 sometime 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			Are you currently employed and receive wages? (<i>List the companies that pay you</i>)	124
8			Do you receive or have applied for unemployment benefits?	125/Award Letter
9			Are you laid off from work and when do you anticipate returning to work on _____?	N/A
10			The date that my last employment ended was: _____	N/A
11			Are you self-employed? (<i>List the name of your company and the type of jobs you do.</i>)	126
12			Do you receive tips, bonuses and/or gratuity?	127
13			Do you have any income currently?	128
14			Do you receive or have applied for Social Security or Rail Road Retirement Act income?	Award Letter
15			Do you receive or have applied for Supplemental Security Income (SSI)?	Award Letter
16			Do you receive quarterly payments from DHS for the state-paid portion of an SSI grant (Quarterly SSI)?	Award Letter
17			Do you receive unearned income for a family member(s) age 17 or under (e.g.: Social Security)?	Award Letter

18			Do you 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			Do you receive Dual Entitlement benefits? list name: _____ Claim Number _____ Deceased SSN _____	Award Letter
20			Do you receive or have applied for disability or death benefits other than Social Security?	Award Letter
21			Do you receive or have applied for Veteran's Administration benefits?	129/Award Letter
22			Do you receive Public Assistance - TCA/TANF/TDAP (other than Food Assistance (FAP) and Medicaid)?	131/Award Letter
23			Do you receive cash contributions or gifts, including rent or utility payments, on an ongoing basis from persons not living with me?	135
24			Do you receive, or anticipate receiving money from GoFundMe, CrowdSource, or similar fundraising platforms?	140
25			Do you receive payments via PayPal, Venmo, CashApp, or other similar money transfer platforms?	140
26			Have you invested in cryptocurrency such as Bitcoin or other similar currencies?	140
27			Do you receive or have applied for periodic payments from Workers' Compensation?	Award Letter
28			Do you receive periodic payments from a trust, annuity or inheritance.	140
29			Do you receive income from rental of real estate or personal property.	140
30			Do you receive periodic payments from lottery winnings?	140
31			Do you receive adoption assistance payments?	140
32			Do you receive alimony?	134/Award Letter
33			Do you receive GI Bill benefits?	Award Letter
34			Do you receive military active-duty allotments?	Award Letter
35			Are you a member of an Indian Tribe receiving gaming payments?	Award Letter
36			Do you receive periodic payments from insurance policies?	Award Letter
37			Do you receive long term care insurance payments?	Award Letter
38			Do you 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			Do you receive child support? List names of parents that you receive support from?	132
40			Is Child Support Paid Directly to DHS?	N/A
41			Have you been awarded a judgment for child support but have not been receiving payments?	133

42			Have you 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			Do you anticipate filing a claim for child support within the next twelve months?	
#	YES	NO	ASSETS	Office Use Only
44			Do you have a savings account(s) and/or Money Market Account(s)? List name(s) of financial institution(s).	140
45			Do you have a checking account(s)? (List name(s) of financial institutions)	140
46			Do you 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			Do you have certificates of deposit? (List name(s) of financial institutions)	140
48			Do you have cash held in the home or in a safe deposit box?	140 + 136/142
49			Do you have savings bonds? If yes, how many? ____ (Please provide copies)	140
50			Do you have Treasury Bills? If yes, how many? ____ (Please provide copies)	140
51			Do you have stocks? (List name(s) of financial institutions)	140
52			Do you have a 401k or 403b? (List name(s) of financial institution(s))	140
53			Do you have bonds? (List names of financial institutions)	140
54			Do you have Mutual Funds or securities? (List names of financial institutions)	140
55			Do you have IRA's or Keogh accounts?) (List name(s) of institutions)	140
56			Do you have an annuity(ies)? (List name(s) of institutions)	140
57			Do you own real estate? If yes, how many properties? ____ Address of Property(ies):	SDAT
58			Do you own a mobile home?	140
59			Do you have land contracts? If yes, how many?	140
60			Do you hold a mortgage or deed of trust?	140
61			Do you have revocable trusts? If yes, how many trusts?	Copy
62			Do you have a whole life or universal life insurance policy(ies)? If yes, how many policies? (List name(s) of institution(s)):	140A
63			Do you have time share certificate? (s) (List name(s) of institution):	140
64			Do you have personal property held for investment purposes (gems, jewelry, collections, etc.)?	140
65			Do you have lump sum receipts or one-time receipts?	140

66			Do you have other name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney? Do these people own the asset or receive income from the asset?	N/A
67			Do you have joint ownership on one or more of the above assets? (Describe)	N/A
68			Do you have income/assets from sources other than those listed above? (Describe)	Statement
69			Is any member of my household under the age of 18 and has assets? (Describe)	N/A
#	YES	NO	COMPLETE EACH ITEM	Office Use Only
70			Are you a single parent with joint physical custody and the other parent resides in subsidized housing?	Court Document
71			Are you elderly (age 62 or older), handicapped or disabled and pay Medicare premiums?	EIV
72			Are you elderly (age 62 or older), handicapped or disabled and pay medical insurance premiums, other than Medicare?	EIV
73			Are you elderly (age 62 or older), handicapped or disabled and pay medical, prescription or chore provider expenses, which are not reimbursed by insurance?	Print Out
74			Are you elderly (age 62 or older), handicapped or disabled and pay long term care insurance premiums?	Receipts
75			Do you pay child care expenses for a child age 12 or under, in order to be gainfully employed or to further my education?	Receipts
76			Does Family Independence Agency (FIA) pay child care expenses for a child(ren) age 12 or under in order for you to be gainfully employed or further my education? If yes, FIA pays: <input type="checkbox"/> full <input type="checkbox"/> partial.	Award Letter
77			Do you pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed?	Receipts
78			Do you 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			Have you 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			Have you 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): <i>-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.</i>	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