



# HOUSING AUTHORITY OF THE CITY OF YUMA

420 S. Madison Avenue - Yuma, Arizona 85364

Telephone (928) 782-3823

Fax (928) 343-2595

City of Yuma

Michael Morrissey  
Executive Director

***Everyone Over The Age Of 18 That  
Lives In The Household Must Attend  
The Schedule Appointment***  
FAILURE TO COMPLETE THE ANNUAL  
RE-EXAMINATION WILL BE CAUSE FOR  
FAILURE TO COMPLETE THE ANNUAL  
TERMINATION OF YOUR HOUSING ASSISTANCE

## **ANNUAL REEXAMINATION LISTING**

Please bring the following information with you at the time of your appointment:

1. **CURRENT INCOME TAX RETURN (S) CURRENT (With ALL W2 Forms)**
2. **PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS – LAST FOUR (4) CONSECUTIVE PAY STUBS (I.E. REGULAR OR SELF EMPLOYMENT, DES CASH ASSISTANCE, SOCIAL SECURITY, DISABILITY, UNEMPLOYMENT, CHILD SUPPORT, VETERANS BENEFITS, ETC.)**
3. **MOST RECENT BANK STATEMENT FOR ALL ACCOUNTS & ALL FAMILY MEMBERS (I.E. CHECKING, SAVINGS, ASSET ACCOUNTS, ETC.)**
4. **UTILITY BILL (I.E. APS, SOUTHWEST GAS, ETC.)**
5. **CHILD CARE RECEIPTS WITH NAME AND ADDRESS OF PROVIDER.**
6. **SCHOOL ENROLLMENT FOR STUDENTS OVER THE AGE OF 18.**
7. **PICTURE I.D. FOR ALL FAMILY MEMBERS OVER 18 YEARS OF AGE.**
8. **MEDICAL EXPENSES NOT COVERED BY INSURANCE (THIS APPLIES ONLY TO ELDERLY, HANDICAPPED OR DISABLED.)**

If you are unable to attend, please call to reschedule your appointment. Should you have any questions, please call Susana Chavez at ext 126 or Susie Lewis at ext 124.

Sincerely,

Property Manager

Cc: Tenant file

**Housing Authority of the City of Yuma**  
**420 S. Madison Avenue, Yuma, AZ 85364**  
**(928) 782-3823 Fax (928) 343-2595**

**Public Housing**  
**Recertification Questionnaire**

**HOUSEHOLD INFORMATION**

List all household members that are currently living in your household.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M / F	Social Security Number	Birth Date <i>MM/DD/YYYY</i>

**Current Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

- Yes No  
  **1. Do you expect any additions to the household within the next twelve (12) months?**  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- Yes No **2. Is there anyone living with you now that wasn't living with you at time of move-in?**  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- Yes No **3. Do you have full custody of your child(ren)?** *(If no, obtain proof of amount of time child(ren) will be living in unit.)*  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- Yes No **4. Are there any absent household members who under normal conditions would live with you?** *(For example, a spouse away in the military.)*  
 \_\_\_\_\_   
 Explanation: \_\_\_\_\_
- Yes No **5. Did you file income taxes in the past twelve (12) months?** *(If no, please state reason.)*  
 \_\_\_\_\_

# INCOME INFORMATION

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income, such as a grant or benefit, it is counted for all household members including minors.

**Include all income anticipated for the next twelve (12) months.  
Do YOU or ANYONE in your household receive OR expect to receive income from:**

Yes No

**6. Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Name of Company	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No

**7. Self Employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

<input type="checkbox"/>	Name of Company	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No

**8. Regular pay as a member of the Armed Forces / Military?**

<input type="checkbox"/>	Name of Company	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No

**9. Unemployment benefits or workman's Compensation?**

<input type="checkbox"/>	Case Worker	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No

**10. Public Assistance payments such as TANF, AFDC or TPEP? (Please do not include Food Stamp benefits here.)**

<input type="checkbox"/>	Case Worker	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No

**11. Child Support or Alimony?** *(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)*

<input type="checkbox"/>	Pay or	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No

**12. Social Security, SSI or any other payments from the Social Security Administration?**

<input type="checkbox"/>	SSA Office	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No

**13. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?**

<input type="checkbox"/>	Source of Benefit	Address / Phone #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes	No	<b>14. Regular payments form a severance package?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Source of Benefit</b>	<b>Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____
Yes	No	<b>15. Regular payments from any type of settlement?</b> <i>(For example, insurance settlements.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Source of Benefit</b>	<b>Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____
Yes	No	<b>16. Regular gifts or payments from anyone outside of the household?</b> <i>(This includes anyone supplementing your income or paying any of your bills.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Source of Benefit</b>	<b>Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____
Yes	No	<b>17. Regular payments from lottery winnings or inheritances?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Source of Benefit</b>	<b>Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____
Yes	No	<b>18. Regular payments from rental property or other types of real estate transactions?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Source of Money</b>	<b>Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____
Yes	No	<b>19. Any other income sources or types not listed?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Source of Money</b>	<b>Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____

<b>ASSET INFORMATION</b>
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Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

Yes	No	<b>20. Checking or savings account?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Household Member</b>	<b>Financial Institute</b>	<b>Balance / Value</b>	<b>Interest Earned</b>
			_____	_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____	_____
Yes	No	<b>21. CD's, money market accounts or treasury bills?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Financial Institute</b>	<b>Address / Phone #</b>	<b>Amount</b>	
			_____	_____	_____	_____	_____	
			_____	_____	_____	_____	_____	
Yes	No	<b>22. Stocks, bonds or securities?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Financial Institute</b>	<b>Address / Phone #</b>	<b>Amount</b>	
			_____	_____	_____	_____	_____	
			_____	_____	_____	_____	_____	
Yes	No	<b>23. Trust funds?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Financial Institute</b>	<b>Address / Phone #</b>	<b>Amount</b>	
			_____	_____	_____	_____	_____	
			_____	_____	_____	_____	_____	

Yes	No	<b>24. Pensions, IRA's, Keogh or other retirement accounts?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Financial Institute</b>	<b>Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____
Yes	No	<b>25. Whole Life Insurance Policy?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Insurance Carrier</b>	<b>Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____
Yes	No	<b>26. Real estate, rental property, land contracts / contract for deeds or other real estate holdings?</b> <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Type of Property</b>	<b>Address</b>	<b>Amount</b>
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____
Yes	No	<b>27. Personal property held as an investment?</b> <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car furniture or clothing.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Item</b>	<b>Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____
Yes	No	<b>28. A safe deposit box?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Financial Institute</b>	<b>Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____
Yes	No	<b>29. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past two (2) years?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Type of Asset</b>	<b>Name / Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____

### CHILD CARE EXPENSE

Yes	No	<b>30. Are you currently paying for child care expenses?</b> <i>(This applies to child(ren) under thirteen (13) years of age.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Household Member</b>	<b>Name of provider</b>	<b>Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____	_____

### MEDICAL EXPENSES

Yes	No	<b>31. Are you currently paying for medical or prescription expenses?</b> <i>(This applies to Head of Household or spouse over 62 years of age or a family member with a disability.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Household Member</b>	<b>Name of Doctor or Pharmacy</b>	<b>Address / Phone #</b>	<b>Amount</b>
			_____	_____	_____	_____	_____	_____
			_____	_____	_____	_____	_____	_____

## ADDITIONAL INFORMATION

Yes      No      32. Are you or any other ADULT household members currently a full-time student or expect to be one in the next 12 months?

    

Household Member(s): \_\_\_\_\_

Name/Address of School \_\_\_\_\_

Household Member(s) \_\_\_\_\_

Name/Address of School \_\_\_\_\_

## FAMILY CHOICE IN RENTS

Each family residing in a public housing unit may elect whether the rent paid by the family be 1) determined based on family income or 2) the flat rent. The HACY has established, for each dwelling unit in public housing, a flat rental amount for the dwelling unit based on the reasonable market value of the unit. The family may request at the time of the re-examination interview to be given in detail an explanation of the two rent options.

Current Address: \_\_\_\_\_

Flat Rent: \$ \_\_\_\_\_

## ACCOMODATION CLAUSE

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

## SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility of the Public Housing Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for termination of assistance. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Public Housing Program requirements.

Penalties for committing Fraud: The United States Department of Housing and Urban Develop (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false information, you may be:

- Evicted
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000
- Imprisoned for up to five years
- Prohibited from receiving future assistance

**All ADULT household members must sign below:**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

**Esto es un aviso importante. Por favor que se lo traduzcan**