

HCV ANNUAL RECERTIFICATION NOTICE



(Date)

(Client Name)

(Entity ID)

Each year you are required to meet the recertification requirements of the **Housing Choice Voucher Program** in order to keep your housing assistance. Recertification means that your HOUSEHOLD'S income, assets, expenses and family information must be reviewed and verified. The recertification requirements must be completed 60 days before your Anniversary Date or **NO FURTHER RENTAL ASSISTANCE WILL BE PAID** on your behalf. You will then be responsible for the full amount of rent to the landlord.

Complete the RE-CERTIFICATION CHECKLIST FORMS and email to _____ at _____ no later than _____
(Counselor Name) (Counselor Email)

_____. Failure to provide the required documentation could result in the withdrawal of your Housing Assistance.
(Date)

If you do not wish to continue residing at your present unit and would like to **relocate**, a written request must be submitted within **10 days** from the date you received your appointment notice. Relocation requests are not processed after completion of the annual recertification. If FWHS does not receive a request from you, and FWHS has received the requested income and family documentation, the recertification will be completed and the lease renewal on your present unit will be processed for another year.

If you have an UNAVOIDABLE conflict with completing or returning this packet, call or email your housing counselor within 5 working days of this letter.

If you require a reasonable accommodation, please send a written request to: FWHS 504 Coordinator, 1201 E 13th St, Fort Worth, TX 76102.

May 2, 2022

AVISO ANUAL DE RECERTIFICACIÓN



(Fecha)

(Nombre del Cliente)

(ID de Entidad)

Cada año debe cumplir con los requisitos de recertificación del **Programa de Vales de Elección de Vivienda** para mantener su vivienda asistencia. Recertificación significa que los ingresos de su HOGAR, Los activos, gastos e información familiar deben ser revisados y verificados. Los requisitos de recertificación deben completarse 60 días antes de su Fecha de aniversario o **NO SERÁ ASISTENCIA DE ALQUILER ADICIONAL PAGADO** en su nombre. Entonces será responsable de la cantidad total de alquiler al arrendador.

Complete los **FORMULARIOS DE LISTA DE VERIFICACIÓN DE CERTIFICACIÓN** y envíe un correo electrónico a

_____ a _____ a más tardar
(Nombre del consejero) (Correo electrónico del consejero)

_____. Si no se proporciona la documentación requerida, podría
(Fecha) retiro de su Asistencia de Vivienda.

Si no desea continuar residiendo en su unidad actual y desea **reubicarse**, un La solicitud por escrito debe presentarse dentro de los **10 días** a partir de la fecha en que recibió su aviso de cita Las solicitudes de reubicación no se procesan después de completar el recertificación anual Si FWHS no recibe una solicitud suya, y FWHS tiene recibió los ingresos solicitados y la documentación de la familia, la recertificación será completado y la renovación del contrato de arrendamiento en su unidad actual se procesará para otro año.

Si tiene un conflicto **INEVABLE** al completar o devolver este paquete, llame o envíe un correo electrónico a su asesor de vivienda dentro de los 5 días hábiles de esta carta.

**Si necesita una adaptación razonable, envíe una solicitud por escrito a:
Coordinador de FWHS 504, 1201 E 13th St, Fort Worth, TX 76102.**

May 2, 2022

1201 E. 13th St. Fort Worth, Texas 76102

817-333-3400

www.FWHS.org



Required Verifications

At the time of your interview, you will need to submit the following verifications. Your application/recertification for housing may not be completed without providing the appropriate verifications. All documentation must be dated within the last 60 days.

All clients must submit the following:

- Life Insurance Policies of all household members
- For children under 18 in the household, the name and address for each absent father or mother
- Current Electric, Gas, and Water Bill receipts (if you pay utilities) - termination notices will not be accepted
- Income Tax Forms and W-2's (current Tax return)
- Completed Application Update Form
- School records for all student(s) in household 18 years of age or older

If you are employed submit the following:

- Check stubs for the past three (3) consecutive pay periods
- Name, address, and phone number of current Baby-Sitter (cancelled checks and receipts)
- Self-Employment (financial records are required)
- Proof of Day Care Association assistance

If you are receiving benefits from another agency, submit the items that apply to you:

- TANF and Food Stamp Award Letter
- SS or SSI- award letter from Social Security Office
- Workers Compensation award letter
- Unemployment Insurance-denial or entitlement notification letter from Texas Workforce Commission
- Educational Grants-Financial Aid
- Most recent Child Support print out from the Attorney General's Office
- Veterans Benefit letter dated within the last 30 to 60 days
- Other contributions to the family from relatives, other non-profit agencies, military allotment, etc...
- Verification of Child Care payment by an agency

If you have a Checking or Savings Account:

- Provide last 3 checking statements, 1 savings statements
- Complete the asset verification form
- If you have a change in your household size, you will need to bring the items that apply to you:
 - A copy of the marriage license
 - If divorced or separated, a copy of the divorce decree
 - A copy of any legal documents pertaining to any child custody

If you or your spouse are elderly or disabled and have continuing medical expenses, submit the following:

- A print out from your Pharmacist on all prescriptions filled during the past year
- All hospitalization insurance policies and copies of your most recent premium statements
- A copy of any outstanding medical bills and your payment agreement. If you are making payments on a medical account submit a current statement showing payment history must be attached.



Instructions: During Annual Re-certification the Head of Household should answer the questions below. All Adults, 18 years of age and older must sign the certification statement.



Name: _____

Phone#: _____

Email Address: _____

1. List all household members: include yourself

Name	DOB	Age	Client SSN	Relationship

2. Does any household member receive any type of income from employment, including self-employment? If yes, please list names of each family member who will receive employment income. Yes No

a. Names of the persons: _____

b. Name of employer: _____

c. Amount of income: \$ _____ weekly monthly \$ _____ weekly monthly

3. Does any household member receive income from a family owned/operated business? If yes, please answer the following questions. Yes No

a. Names of the persons: _____

b. Name of business: _____

c. Amount of income: \$ _____ weekly monthly \$ _____ weekly monthly

4. Check ALL income that applies to you.

Social Security Benefits

SSI Benefits

Unemployment

Worker's Compensation

Military Allotment

TANF

Food stamps

Alimony/Child Support

May 2, 2022



5. Does anyone in the household receive periodic payments from Annuities, Insurance policies, Retirement funds, Pensions, Disability or Death benefits, or other similar accounts? If yes, list names of recipients. Yes No

List Names: _____

6. Do you have a Checking or Savings Account? Yes No

7. Does anyone in the household receive income from assets, such as interest from checking & savings, income from property, stocks or bonds, interest or dividends on certificates of deposit, etc...? If yes, list names of each recipient. Yes No

List Names: _____

8. Does any household member receive money from someone outside your household to pay bills or living expenses? Yes No

List Names: _____

9. Does anyone in the household have retirement accounts or life insurance policies? Yes No

List Names: _____

10. Does anyone in the household have Child care expenses or receive reimbursement by an agency? Yes No

List Names: _____

11. Is any adult member of your household a full-time student or in job training? If yes, list the names of the family members who are full-time students/job training & answer the following questions (a-d): Yes No

a. Name of family member who attends school: _____

b. Name of the school family member attends: _____

c. Address of the school: _____

d. Phone number of the school: _____

Elderly and Disabled

12. Is the head, spouse or sole member of the household 62 years or older or disabled? Yes No

List Names: _____

13. Does any household member pay for Medicare or any other type of medical insurance? Yes No

List Names: _____

14. Is any household member paying on past medical bills? Yes No

List Names: _____

15. Does any household member anticipate any medical expenses, including prescriptions and non-prescription drugs, during the next 12 months that will not be reimbursed by any source? If yes, list names of family members. Yes No

List Names: _____



16. Does anyone in the household pay for care or apparatus for a disabled family member so that an adult member can work?

Yes No

List Names: _____

17. Does the household expect unreimbursed medical expenses for 12 months to be covered by the certification? If yes, list the persons with unreimbursed medical expenses. Yes No

List Names: _____

WARNING: Section 1001 of Title 18 USC provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies...a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both".

CLIENT'S CERTIFICATION

I _____ hereby certify that I have answered the questions on this checklist
(Print Name)

truthfully. I certify that I am self-certifying my current income and FWHS will not use a third party income verification at this time. I certify that it is still my responsibility to report any and all income and am responsible for paying my portion of the rent. I certify that I understand if FWHS finds any income discrepancies at a later date, I will be responsible for retroactively paying dues to FWHS.

Head of Household's Signature/Date

Spouses Signature/Date

Household Member Signature/Date

Household Member Signature/Date

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