



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.

Client 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



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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 Childcare 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: _____



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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 truthfully.
(Print Name)

Head of Household's Signature/Date

Spouses Signature/Date

Household Member Signature/Date

Household Member Signature/Date

If you require a reasonable accommodation, please send a written request to: FWHS 504 Coordinator, 1407 Texas St, Fort Worth, TX 76102



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