



RENTAL SUBSIDY RECERTIFICATION PACKAGE

Head of Household Name:

NYC15/15

Name

Case Manager's Name:

Address Apt

City, State, Zip

As a participant in the New York City Department of Housing Preservation and Development's (HPD) Section 8 NYC15/15 Rental Subsidy program, you are required to report your household's income, assets, and family composition each year by completing the attached recertification package in order to continue to receive your rental assistance. Please read the instructions in this package, complete the questions asked, collect documentation needed to complete the recertification.

You must submit this completed package with required documentation to HPD using one of the following methods:

- Uploading the documents through HPD's secure document upload portal: <https://a806-asap.nyc.gov/HPDPortal/>
- Sending an encrypted email to: PBV@hpd.nyc.gov
- Instructions on how to encrypt email, to ensure that your sensitive information is protected, can be found in our COVID-19 Accommodation Page here: <https://www.nyc.gov/site/hpd/services-and-information/dtr-covid-19.page>.
- Mailing to: **NYC Department of Housing Preservation & Development**
Division of Tenant Resources
PO Box 3132, Union, NJ 07083
- Faxing to: 212-863-5299

If you need help to fill out this recertification package, please contact HPD to make an appointment by calling 917-286-4300 or emailing PBV@hpd.nyc.gov

If you have a disability and need a reasonable accommodation, you can request an accommodation by going to our website, <https://www.nyc.gov/hpd/dtr-forms>, and submitting a form or by calling 917-286-4300.

If you need additional forms, you can find them on HPD's website at <https://www.nyc.gov/site/hpd/services-and-information/other-rental-subsidy-programs.page>.

For additional information about HPD's rental subsidy policies, please refer to HPD's Administrative Plan at <https://www.nyc.gov/site/hpd/services-and-information/about-section-8.page>.

If someone other than an HPD employee helps you complete this recertification package, please complete the box below:

Name _____

Relationship to You _____

Phone # _____

Address _____

Email _____

Please follow these instructions as you review and complete the recertification package. Additionally, a detailed checklist of all required forms is included at the back of the recertification package:

- Please complete the top section of each page in this package by adding your name and.
- Complete the "Rental Subsidy Participant Household Summary."
- Complete, sign and date all forms that apply to your household (Forms 2-9)
- If you are adding a new person to your household, please be sure to complete Form 2 and provide all the required additional documents and forms for that household member.
- Read and complete the recertification checklist to make sure you have included all required documents.
- Make a copy of this package for your records. If you need additional copies of any forms, please make copies or obtain copies to print out at the following web address: <https://www.nyc.gov/site/hpd/services-and-information/other-rental-subsidy-programs.page>.
- Read, sign, and date the certification statement below.

Reminders:

- If your income decreases after you submit your recertification package, you should report that change to HPD as soon as possible to have your monthly tenant share of rent adjusted. You may do so by completing "Reporting Income Decrease" form available on <https://www.nyc.gov/hpd/dtr> and submitting it to PBV@hpd.nyc.gov

Certification Statement -- Head of Household Please Read, Sign, and Date Below

I have read the enclosed HPD Rental Subsidy annual recertification forms and instructions. I have completed my recertification with the most current information on my household's income, assets, and family composition. I understand that providing false statements to a government agency is punishable under federal law and may result in the termination of my participation in the Rental Subsidy program. I further understand that HPD will verify my income information with a third party, such as the Enterprise Income Verification database.

Head of Household Signature (Required)

____/____/_____
Today's Date (Required)



HEAD OF HOUSEHOLD NAME	ENTITY ID #
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RENTAL SUBSIDY PARTICIPATING HOUSEHOLD SUMMARY

Do you need assistance in any other language besides English? ☐ Yes ☐ No

If Yes, list the language: _____

Please review the below summary of information you provided to HPD at your last certification.
Please update any incorrect or missing information on the lines below and provide the supporting documentation.

THIS FORM MUST BE REVIEWED BY AND COMPLETED BY THE HEAD OF HOUSEHOLD.

The Head of Household is responsible for all information reported on behalf of household members.

HEAD OF HOUSEHOLD AND ASSISTED ADDRESS

Legal Last Name		Legal First Name			Are you still living at this address?
_____		_____			<input type="checkbox"/> Yes <input type="checkbox"/> No: Please list your Current mailing address below
Address	Apartment	City	State	Zip Code	
_____	_____	_____	_____	_____	Address and Apartment Number
					City, State and Zip Code



HEAD OF HOUSEHOLD NAME

ENTITY ID #

HEAD OF HOUSEHOLD CONTACT INFORMATION

You should always keep HPD updated with any changes in your current contact information so that HPD is able to reach you about your rental subsidy. While HPD sends written notices by mail, we also reach out to tenants by phone, email, and other means to help you maintain your rental subsidy and resolve any issues. HPD has listed below the phone numbers and email addresses that we have on file for you. For each phone number and email address, please indicate if HPD should still use that phone number or email address to contact you about your rental subsidy. If you have any phone numbers or email addresses that are not listed below where you would like HPD to use to reach you, please add them in the section below.

Phone Number(s) on file with HPD	Is this still your phone number that HPD should use to reach you about your subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to receive updates from HPD to this phone number by text message about rental subsidy, affordable housing, and other government services? Please note that normal text messaging rates may apply. <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address on file with HPD	Is this still your email address that HPD should use to reach you about your subsidy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list below any new or additional phone numbers or email addresses that HPD should use to reach you about your subsidy:		

HEAD OF HOUSEHOLD NAME	ENTITY ID #
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FAMILY MEMBERS

You must report all household members at every recertification and throughout the year if you have any changes in your household composition. If any of the information below is incorrect, please cross it out and write the correct information in the space below it. Provide HPD with supporting documentation. For example, if a date of birth is incorrect, please provide a copy of the birth certificate confirming the new date.

Full Name	Full-time student	Date of Birth	Does this person have a disability?	Is this person still in your household? Please check Yes or No.
EXAMPLE <u>Janet Doe</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>9/15/1996</u>	No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

If any household member listed below has moved or passed away, please check "No" and complete "Request to Remove Household Member" (Form If you would like to request to add a household member, please fill out Form 11. "Request to Add Household Member." If any household member is a full-time student, please check "Yes" under Full-time student and provide supporting documents as referenced in Form 8. Verification of Student Status.

FAMILY MEMBERS

Full Name	Full-time student	Date of Birth	Does this person have a disability?	Is this person still in your household? Please check Yes or No.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No
If you are requesting to add anyone to your household, list their information below:				
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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HOUSEHOLD INCOME INFORMATION

All income for every household member must be reported and verified at every recertification. Please enter all household income below and provide HPD with supporting documentation (such as pay stubs) for all income, **including income from employment, pensions, government benefits, child support**, and all types of income listed in the "What is Income?" form. If income is from employment, complete the "Verification of Wages" (Form 4).

Household Member Name	Description	Is your household still receiving this income?	Frequency (e.g weekly, bi-weekly, monthly, annually, etc.)	Amount	Annual Income (If Known- if not leave blank)
		<input type="checkbox"/> Yes: provide current income information <input type="checkbox"/> No	HPD Records: <u>Currently:</u>	HPD Records: \$ <u>Currently:</u>	HPD Records: \$ <u>Currently:</u>
		<input type="checkbox"/> Yes: provide current income information <input type="checkbox"/> No	HPD Records: <u>Currently:</u>	HPD Records: \$ <u>Currently:</u>	HPD Records: \$ <u>Currently:</u>
		<input type="checkbox"/> Yes: provide current income information <input type="checkbox"/> No	HPD Records: <u>Currently:</u>	HPD Records: \$ <u>Currently:</u>	HPD Records: \$ <u>Currently:</u>

If anyone in your household is receiving any income not listed above, or has received any income in the past 12 months that is not listed above, please provide that income information below:

Household Member Name	Description	Frequency (e.g weekly, bi-weekly, monthly, annually, etc.)	Amount	Comments or Additional Information Not Reflected Above

Please confirm if anyone in your household receives child support income

☐ Yes
☐ No

If you receive any child support, you must provide an official document or copy of any legal separation documents. If there is no legal document, provide a letter from the person providing child support stating the amount and frequency of child support provided if any. A child will only be considered part of the household if he or she resides in the household for at least 183 days (over 6 months/50%) of the year.



HEAD OF HOUSEHOLD NAME	ENTITY ID #
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<p align="center">HOUSEHOLD BANK ACCOUNTS, ONLINE FINANCIAL ACCOUNTS AND OTHER ASSETS</p> <p align="center">(OTHER THAN REAL ESTATE PROPERTY)</p>
<p>All assets in the household must be reported at every recertification. Please enter all assets for all household members, along with the supporting documentation as listed in "Verification of Assets" (Form 5).</p> <p>If you no longer have an asset that was previously reported to HPD please provide documentation, such as a closing statement or a letter of transfer from your bank. If you leave this section entirely blank, you will be declaring to HPD that your household has no assets.</p> <p>For a list of different asset sources see the "What is an Asset?" form below.</p>

Household Member Name	Account or Asset Type	Description	Does your household still have this asset?	Amount(Current Account or Asset Cash value)	Anticipated Annual Income (e.g. interest or dividends)
			<input type="checkbox"/> Yes: provide current asset information	HPD Records: <u>Currently:</u>	HPD Records: <u>Currently:</u>
			<input type="checkbox"/> No		

If anyone in your household has any bank accounts or other assets that are not listed above, please provide that asset information below:

Household Member Name	Description if Account or Asset Type and Account Number (if any)	Amount (Current Cash value)	Anticipated Annual Income(e.g. interest or dividends)	Comments or Additional Information Not <u>Reflected Above</u>

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REAL ESTATE PROPERTY			
Households must report the ownership of any real estate property at every recertification. Please list all properties to which a family has ownership interest and complete the Real Estate Declaration form which can be found at (https://www1.nyc.gov/site/hpd/services-and-information/section-8-forms.page). If you sold real estate property since your previous recertification with HPD, please fill out the appropriate boxes below.			
Is any property a Cooperative (Co-op)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you collect rent from this property?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any of the property you own your primary residence?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
NAME(S) OF PROPERTY OWNER(S)	ADDRESS OF PROPERTY	PROPERTY VALUE	ANTICIPATED INCOME (e.g. rental income)
IF YOU HAVE SOLD OR DISCARDED PROPERTY SINCE ADMISSION TO THE PROGRAM OR YOUR LAST CERTIFICATION, COMPLETE THE SECTION BELOW: INCOME FROM SALE			
NAME(S) OF PROPERTY OWNER(S)	PROPERTY ADDRESS	SALE PRICE	PROFIT EARNED



HEAD OF HOUSEHOLD NAME	ENTITY ID #
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CHILDCARE EXPENSES
If you have current and expected un-reimbursed periodic or one-time childcare expenses since your last annual recertification, please refer to "Verification of Childcare Expenses" on (Form 9) to see if you qualify for this deduction. Please fill out this form even if your expenses have not changed. Please list below any qualified childcare and provide HPD with supporting documentation.

Household Member Name	Description	Is your household still paying this expense?	Frequency (e.g weekly, bi-weekly, monthly, annually, etc.)	Amount	Annual Amount (If Known – If Not Leave Blank)
		<input type="checkbox"/> Yes: provide current income information <input type="checkbox"/> No	HPD Records: <u>Currently:</u>	HPD Records: <u>Currently:</u>	HPD Records: <u>Currently:</u>

If anyone in your household is paying any childcare expenses not listed above, please provide that expense information below:

Household Member Name	Description	Frequency (e.g weekly, bi-weekly, monthly, annually, etc.)	Amount	Comments or Additional Information Not Reflected Above



HEAD OF HOUSEHOLD NAME	ENTITY ID #
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MEDICAL EXPENSES
<p>If the Head of Household or spouse is 62 years of age or older or has a documented disability, you may declare current and expected un-reimbursed periodic and one-time medical expenses since your last annual recertification by filling out "Declaration of Un-reimbursed Medical and Pharmacy Expenses" (Form 6) and providing supporting documentation including proof of payment. Please fill out this form even if your expenses have not changed. Please list below any qualified medical expenses and provide HPD with supporting documentation.</p>

Household Member Name	Description	Is your household still paying this expense?	Frequency (e.g weekly, bi-weekly, monthly, annually, etc.)	Amount	Annual Amount (If Known – If Not Leave Blank)
		<input type="checkbox"/> Yes: provide current income information <input type="checkbox"/> No	HPD Records: <u>Currently:</u> _____	HPD Records: <u>Currently:</u> _____	HPD Records: <u>Currently:</u> _____

If anyone in your household is paying any medical expenses not listed above, please provide that expense information below:

Household Member Name	Description	Frequency (e.g weekly, bi-weekly, monthly, annually, etc.)	Amount	Comments or Additional Information Not Reflected Above
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



HEAD OF HOUSEHOLD NAME	ENTITY ID #
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DISABILITY EXPENSES
<p>If you or a household member has a documented disability, you may declare current and expected un-reimbursed periodic and one- time disability expenses since your last annual recertification by filing out the "Declaration of Un-reimbursed Disability Expense" (Form 7). Please fill out this form even if your expenses have not changed. Please list below any qualified disability expenses and provide HPD with supporting documentation.</p>

Household Member Name	Description	Is your household still paying this expense?	Frequency (e.g weekly, bi-weekly, monthly, annually, etc.)	Amount	Annual Amount (If Known – If Not Leave Blank)
		<input type="checkbox"/> Yes: provide current income information <input type="checkbox"/> No	HPD Records: <u>Currently:</u>	HPD Records: <u>Currently:</u>	HPD Records: <u>Currently:</u>

If anyone in your household is paying any disability expenses not listed above, please provide that expense information below:

Household Member Name	Description	Frequency (e.g weekly, bi-weekly, monthly, annually, etc.)	Amount	Comments or Additional Information Not Reflected Above



HEAD OF HOUSEHOLD NAME

ENTITY ID #

UTILITY ALLOWANCES

Utility allowance must be verified at every recertification. If any of the information below is incorrect or if you pay utilities and it is not listed below, please provide HPD with a utility bill.

UTILITY ALLOWANCES

Utility	Responsibility	Is this information correct? Please check Yes or No.
		<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>

Has any adult household member been registered as a lifetime sex offender since Rental Subsidy Housing assistance at HPD began? Yes ____ No ____

If Yes, it is required that you list the name of the household member: _____





HEAD OF HOUSEHOLD NAME	ENTITY ID #
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FORM 2. REQUEST TO ADD A HOUSEHOLD MEMBER

Complete this form to declare any additions to your household by birth, adoption, marriage, or domestic partnership or if you would like to request that any other individuals be added to your household. **Failure to get approval from HPD for all proposed additions other than by birth, adoption, marriage, or domestic partnership may be cause for the termination of Rental Subsidy assistance.**

TO BE COMPLETED AND SIGNED BY THE HEAD OF HOUSEHOLD AND PROPOSED MEMBER

Have you completed this form?

Yes
☐

Not Applicable
☐

Required for all proposed household members **18 years of age and older**:

- ☐ A photo ID, Social Security card, birth certificate and proof of most recent address
- ☐ Documentation of any income received by the proposed household member required for all proposed household members under 18 years of age
- ☐ Custody documents or a letter from a social service provider stating the child permanently resides with the Head of Household
- ☐ A copy of Social Security card and birth certificate
- ☐ Proof of Child Support payments (if the new household member receives child support)

_____ LAST NAME	_____ FIRST NAME	_____ PREFERRED NAME ¹	_____ PREFERRED PRONOUN ¹	_____ RELATIONSHIP TO HEAD OF HOUSEHOLD	_____/_____/_____ BIRTH DATE
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Sex: Male ☐ Female ☐ **Are you disabled?** ☐ Yes ☐ No **Are you a student?** Yes ☐ No ☐

Are you employed? ☐ Yes ☐ No **If Yes**, please complete "Verification Wages" (Form 4). All earned and unearned income must be documented. Please see "What is Income?" section.

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under state or local law and may result in loss of subsidy.	
_____ SIGNATURE OF PROPOSED HOUSEHOLD MEMBER OR GUARDIAN (IF UNDER 18)	_____/_____/_____ DATE
_____ SIGNATURE OF HEAD OF HOUSEHOLD	_____/_____/_____ DATE

¹ In accordance with NYC Human Rights Law, HPD collects any preferred name and pronoun of the NYC 15/15 head of household but is required to keep a legal name and Social Security number (if any) on file to maintain program integrity. HPD will make a good faith effort to communicate using a head of household's preferred name and pronoun.

² HPD will make a good faith effort to communicate using an applicant's self-identified preferred gender. However, because HPD's databases are only currently capable of recording sex as "male" or "female," you must self-identify a sex of "male" or "female." HPD will not verify your selection against any other documentation such as birth certificates.



HEAD OF HOUSEHOLD NAME

ENTITY ID #

FORM 3. REQUEST TO REMOVE HOUSEHOLD MEMBER

To request that any individual be removed from the Rental Subsidy household composition, please complete this form, and provide documentation of the departing member's new address (example: copy of the departed/departing member's new lease or utility bill). If household member has died, please provide date of death or a copy of the death certificate.

TO BE COMPLETED BY HEAD OF HOUSEHOLD**Have you completed this form?****Yes**☐**Not Applicable**☐

Name of person to remove from Rental Subsidy household composition:

Last Name_____
First Name**I have included the following to remove the above family member from my household:**☐ Lease or utility bill from the departing/departed household member's new address*, OR☐ Copy of the death certificate.

*If a copy of the lease or bill is not available, please explain why: _____

****Head of Household Must Sign and Date Below****

I, the Head of Household, certify that the information given to HPD on the date of _____ is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by federal law and may result in the termination of my housing assistance. I further understand that HPD may verify my income or other relevant information with a third party, such as the Enterprise Income Verification (EIV) database.

SIGNATURE OF HEAD OF HOUSEHOLD____/____/____
DATE

HEAD OF HOUSEHOLD NAME

ENTITY ID #

What is Income?

The Head of Household must complete the form on the following page for each member of the household who receives any income and provide documentation. Please first review the definitions and examples of income listed below and see if they apply to any member of the household.

TO BE COMPLETED AND SIGNED BY HEAD OF HOUSEHOLD.

**Have you completed
this form?**

Yes
☐

**Not
Applicable**
☐

INCOME SOURCES

- Employment: Please indicate the amount you or a household member receives from employment. Provide two (2) recent consecutive pay stubs stating gross wages. If pay stubs are not available, provide a verification letter on letterhead from your employer stating the amount and frequency of payment or have "Form 4. Verification of Wages" from completed by your employer.
- Social Security / SSI: Please indicate the amount you or a household member currently receives.
- Public Assistance: Provide a verification letter which states the amount of benefits received.
- Child Support / Alimony: Provide official documentation or a letter from any parent(s) of minors living in the assisted household without one or both parents, showing the frequency and amount of child support and/or alimony payments. Provide an official document or copy of any legal separation documents. If there is no legal document, provide a letter from the person providing child support stating the amount and frequency of child support provided if any. A child will only be considered part of the household if he or she resides in the household at least 183 days (over 6 months / 50%) of the year.
- Disability: Provide official documentation of frequency and amount of disability payments.
- Unemployment / Worker's Compensation: Provide official documentation of the frequency and amount of unemployment and/or worker's compensation payments.
- Pension / Retirement: This category includes IRA distributions that must be reported. Provide official documentation of the frequency and amount of pension/ retirement income.
- Veteran's Pay: Provide official documentation of the frequency and amount of income from Veteran's pay.
- Financial Aid/ Scholarship: Provide official documentation from the source of educational financial aid/ scholarship with the amount and frequency of money received.
- Real Estate: Please provide documentation of any income you receive from owning real property (e.g., rental income, income earned from the sale of property, etc.)
- Supplemental Nutrition Assistance Program (SNAP): Provide a verification letter which states the amount of benefits paid (e.g., award letter from HRA).
- Self-employment / Seasonal employment: If you are self-employed, a seasonal employee, a freelance worker (like delivery or taxi driver using a ride-share mobile phone application) or have had more than one employer in the past 12 months, provide a complete signed copy of your most recent tax return.
- Other Types of Support: If a household member receives any regular income from organizations or persons (including relatives and friends) not residing in your home, provide documentation of such support. For example, a signed statement from the person or agency providing the income, verifying the amount and frequency.



HEAD OF HOUSEHOLD NAME

ENTITY ID #

FORM 4. VERIFICATION OF WAGES

The purpose of this form is to verify the wages of each household member. Each employed household member **must** complete this form if the below are not available:

- Two (2) recent consecutive pay stubs stating gross wages
- Letter from employer stating gross wages and work hours

SECTION A TO BE COMPLETED BY EMPLOYED HOUSEHOLD MEMBER
SECTION B TO BE COMPLETED, STAMPED AND SIGNED BY CURRENT EMPLOYER

**Have you
completed this
form?**

Yes

☐

**Not
Applicable**

☐**SECTION A (to be completed by EMPLOYEE)**

Name of Employee: _____

SECTION B (to be completed by EMPLOYER)

Company: _____ Address: _____

Employer Representative: _____ Title: _____ Telephone: _____

Type of Income	Amount	Pay Frequency (Hourly, Bi-weekly, Monthly, Annual) Write in Below	Average hours worked per pay period
Current gross wages:	\$		
Gross wages in the past 12 months	\$		
Overtime:	\$		
Bonus, commission, or tips:	\$		
Armed Forces wages for exposure to hostile fire:	\$		
Future gross wages: (If wages are expected to increase, please indicate date effective: ____/____/____)	\$		

If wages for employee are seasonal, sporadic, or cannot be accurately captured in the above chart, please explain:

Original hire or rehire date: _____ Date of termination: _____

COMPANY STAMP/SEAL IS MANDATORY

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under state and local law.

SIGNATURE OF OFFICIAL_____/_____/_____
DATE

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WHAT IS AN ASSET?

An asset is something you own that you can convert into cash, such as bank accounts, real estate, stocks and bonds. If you or any household member, including children, owns any of the types of assets listed below, you must declare them in the Rental Subsidy Participating Household Summary page of this recertification package. Additionally, you must submit documents verifying the value of the asset(s) and income earned from the asset if applicable. Failure to report assets may result in termination or denial of subsidy. Below is a list of different types of assets and their descriptions.

TO BE REVIEWED BY HEAD OF HOUSEHOLD

ASSET SOURCES

- **Bank Accounts:** Any account that is open with any balance at any bank whether individually or jointly owned. Examples are checking, saving, money market accounts, or other prepaid debit cards, and certificates of deposit. Provide a verification letter on letterhead from your financial institution, provide the most recent bank statement, or have a Form 5. Verification of Bank Accounts and Other Assets form completed by the financial institution.
- **Online Financial Accounts:** Any account that is online, that is not a bank, and where you deposit cash. These can be online money transfer accounts or online wallets where you keep cash.
- **Investment Accounts:** Examples of investments accounts are stocks and bonds. Provide official documentation stating the value and any dividends earned on the account or the most recent statement from the financial institution.
- **Equity in Real Estate Property:** Equity in real property is the estimated market value of any property owned less the unpaid balance on loans secured by the asset. Provide property tax statements and mortgage statements if applicable.
- **Retirement Savings Accounts:** A formal account that enables you to set aside money to be spent after retirement. Examples of this type of account include IRA, Keogh and 401K plans. Provide official documentation stating the value and any dividends earned on the account or the most recent statement from the financial institution.
- **Company Retirement or Pension Accounts:** (If any member of the family has access to make withdrawals.) Provide official documentation of frequency and amount of payments.
- **Lump sum payment:** A one time payment that is retained and can be verified. Examples of lump sum payments are inheritances, insurance payments, or settlements. Provide official documentation of the value of the payment and any interest income earned.
- **Personal property held as investment:** Any object or collection of value that can be converted into cash. Examples of this include coin collections, recreational vehicles, jewelry, etc. Provide official documentation of the value of the property and any outstanding debt.
- **Additional examples of assets:** Examples of additional types of assets include cash value of life insurance, cash value of trusts, Annuities, S corporation, partnerships, and time-shares. Documentation verifying the value of these assets must be provided.

THE FOLLOWING ARE NOT ASSETS: DO NOT add Electronic Benefits Transfer (EBT) accounts, or similar accounts used for receiving government benefits (such as SNAP and WIC). These are not assets.



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FORM 5. VERIFICATION OF BANK ACCOUNTS AND OTHER ASSETS

<p>The purpose of this form is to provide third party verification of each household member's assets. Assets are items of value that may be turned into cash and may include savings accounts, checking accounts, IRA accounts, Certificates of Deposit (CDs), and stocks/bonds and online financial accounts. Each household member must provide bank statements or other evidence of assets provided by the financial institution. If these statements are not available, each member must have their financial institution complete this form.</p> <ul style="list-style-type: none"> If an asset holder has unverified assets from more than one financial institution, a separate form should be used for each financial institution. If assets reported on this form are joint assets, one form may be submitted for the joint asset holders <p>SECTION A TO BE COMPLETED BY HEAD OF HOUSEHOLD, AND RETURNED IF NO MEMBER OF THE HOUSEHOLD HAS ASSETS</p> <p>SECTION B TO BE COMPLETED, STAMPED AND SIGNED BY FINANCIAL INSTITUTION FOR EVERY MEMBER OF THE HOUSEHOLD WITH ASSETS</p>	<p>Have you completed this form?</p>	
	<p>Yes</p> <p><input type="checkbox"/></p>	<p>Not Applicable (Complete Section A)</p> <p><input type="checkbox"/></p>

SECTION A (To be completed and returned by Head of Household, if applicable)

I certify that no one in my household has a savings account, checking account, IRA, CD or stocks/bonds.

Signature (Head of Household): _____ Date: _____

SECTION B (To be completed by financial institution for each household member with assets)

Name of Asset Holder: _____

Type of Asset (savings, checking or retirement account, stocks, CDs, etc.)	Account Number	Current Balance	Early Withdrawal Fees or Penalties (if any)	Current Rate of Interest/ Number of Shares	Is This a Joint Account/Asset?	
					Yes/ No	Joint Asset Holder's Name

Financial Institution: _____ Address: _____

Representative: _____ Title: _____ Telephone: _____

COMPANY STAMP/SEAL IS MANDATORY

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<p>I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under state and local law and may result in loss of subsidy.</p>	
<p>_____ SIGNATURE OF HEAD OF HOUSEHOLD</p>	<p>_____/_____/_____ DATE</p>



HEAD OF HOUSEHOLD NAME	ENTITY ID #
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FORM 6. DECLARATION OF UN-REIMBURSED MEDICAL & PHARMACY EXPENSES

If the Head of Household, spouse, or domestic partner is disabled, and/or 62 years of age or older and has **un-reimbursed** (not already paid for by someone other than yourself) medical or pharmacy expenses, please complete this form for each household member with medical or pharmacy expenses. You must submit verification of all un-reimbursed medical and pharmacy expenses incurred during the last 12 months if they are expected to be an expense in the upcoming year. This includes copies of cancelled checks, receipts, or statements from an insurance company. Please submit a pharmacy printout for any un-reimbursed prescription payments you have made in the past 12 months.

Have you completed this form?

Yes
☐

Not Applicable
☐

TO BE COMPLETED AND SIGNED BY THE HEAD OF HOUSEHOLD

Is Your Household Eligible for a Medical Expense Deduction?

- | | | |
|---|------------------------------|-----------------------------|
| 1. Do you have any un-reimbursed pharmacy expenses? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Do you pay a Medicare premium or pay for medical insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is any family member currently paying off past medical bills? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is there an anticipated medical expense during the next 12 months? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered yes to any of the questions above, please complete the box below:

Name of Household Member	Eligible Expense (pharmacy, insurance premiums, dental, hearing aid, eyeglasses, medical equipment)	Amount Due, Paid in the Past, or Expected in the Next 12 Months* (Submit proof of payment or invoice)	Expense Date or Payment Frequency (monthly, annually, etc.)	Name and Phone Number of Institution Providing Service

*If copies of cancelled checks, receipts, or statements from an insurance company are not available, you may submit a statement from your doctor, pharmacist, or other medical-related service provider specifying the nature and amount of expenses expected in the next 12 months. Only the portion of the total medical expense that exceeds 3% of the household annual income is an allowable deduction.

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under state and local law and may result in loss of subsidy.

SIGNATURE OF HEAD OF HOUSEHOLD

_____/_____/_____
DATE



HEAD OF HOUSEHOLD NAME	ENTITY ID #
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FORM 7. DECLARATION OF UN-REIMBURSED DISABILITY EXPENSES

If your family has an un-reimbursed expense for attendant care (home health aid for a disabled adult or baby-sitter for a disabled child age 13 or older) or medical equipment (such as a wheelchair) **for a household member who is disabled** and as a result of this expense, you or any household member were able to earn income from a job, you should complete this form. You must submit verification of any disability expenses incurred during the last 12 months. This may include a receipt for a wheelchair, ramp, adaptation to a vehicle, or special equipment to enable a blind person to read and write.

Have you completed this form?

Yes

☐

Not Applicable

☐

TO BE COMPLETED AND SIGNED BY THE HEAD OF HOUSEHOLD

Is Your Household Eligible for a Disability Expense Deduction?

1. Do you pay for someone to care for a disabled person in your household? Yes ☐ No ☐
2. Did you buy medical equipment for a disabled person in your household? Yes ☐ No ☐
3. Were you or any another household member able to earn income from a job because of this disability expense? Yes ☐ No ☐

If you answered yes to question #3 above, please complete the boxes below:

	Name of disabled household member:	Name of disabled household member:
	1. _____	2. _____
Eligible disability expense(s): (medical equipment or attendant care expense)		
Amount due or expected in the next 12 months: (Submit proof of recurring payments or invoice)		
Name(s) and phone number of institution(s) providing service:		
Name(s) of household member(s) who earned income as a result of the disability expense:		

Note: Only the portion of the total disability expense that exceeds 3% of your household annual income is an allowable deduction. The deduction for the disability expense may not exceed the total amount of money earned by the household member(s) who are able to work because of the disability expense.

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under state and local law and may result in loss of subsidy.

SIGNATURE OF HEAD OF HOUSEHOLD

_____/_____/_____
DATE



HEAD OF HOUSEHOLD NAME

ENTITY ID #

FORM 8. VERIFICATION OF STUDENT STATUS

The purpose of this form is to verify student status. Each household member 18 years of age or older who attends school full-time or is in a job training program **must** complete this form. If this form cannot be completed, please provide one of the following to verify student status:

- High school students may submit their most recent report card or a letter from a school official confirming enrollment
- College students may submit their most recent transcript or a letter from an official at their college
- Students in adult training programs may submit enrollment documents or a letter from a program official

THIS FORM MUST BE COMPLETED, STAMPED AND SIGNED BY A SCHOOL/JOB TRAINING PROGRAM ADMINISTRATOR.

Have you completed this form?

Yes

☐

Not Applicable

☐**SECTION A (to be completed by Head of Household)**

Student Household Member: _____

SECTION B (to be completed by School or Job Training Program Administrator)

1. The student named above is enrolled in: ☐ High School/College ☐ Adult Training Program

If you selected "High School/College," skip #2 and go to #3.

2. Is the program providing employment training and self-sufficiency services? ☐ Yes ☐ No

Is the program funded by the federal, state, or local government? ☐ Yes ☐ No

Is the program funded by HUD? ☐ Yes ☐ No

3. Enrollment Status:

This student is enrolled in a (circle one) **full time/ part time** program and will earn credits this semester.

Weekly hours of program participation if in an adult training program: _____

	Amount per year
Tuition	
Work Study	
Grants/Scholarship	

Educational Institution: _____ Address: _____

Administrator: _____ Title: _____ Telephone: _____

COMPANY STAMP/SEAL IS MANDATORY

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I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under state and local law.

SIGNATURE OF ADMINSTRATOR

____/____/____
DATE



HEAD OF HOUSEHOLD NAME	ENTITY ID #
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FORM 9. VERIFICATION OF CHILDCARE EXPENSES

Households who have un-reimbursed childcare expenses should complete this form if: o The expenses are for a child or children age 12* or younger and o The childcare is necessary for a family member to be gainfully employed or to further their education. THIS FORM MUST BE COMPLETED BY THE HEAD OF HOUSEHOLD AND COMPLETED AND SIGNED BY THE CHILDCARE PROVIDER.	Have you completed this form?	
	Yes <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

Name of Child	Age of Child	Rate of Pay During School Year	Rate of Pay During School Vacations	Frequency of Pay (hourly, daily, weekly, monthly, annually)	Monthly Average
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

If childcare expenses are seasonal, sporadic, or cannot be accurately captured in the above chart, please explain: _____

Name of Childcare Provider: _____ Address: _____
 Contact: _____ Title: _____ Telephone(Required): _____

*If child is 13 or older, disabled, and care for child enables an adult household member to be employed, please complete "Verification of Un-Reimbursed Disability Expenses" (Form 7).

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under state and local law.	
_____ SIGNATURE OF CHILDCARE PROVIDER	_____/_____/_____ DATE

FOR HPD USE ONLY

Call to provider made on _____ (date) by _____ (staff member's name)
Expenses verified? <input type="checkbox"/> Yes <input type="checkbox"/> No Notes _____

HEAD OF HOUSEHOLD NAME

ENTITY ID #

RECERTIFICATION PACKAGE CHECKLIST

Please carefully read the instructions for this Recertification Package. This checklist and the instructions will tell you what forms are required in order to continue receiving Rental Subsidy rental assistance. In addition to the cover page and Rental Subsidy Participant Household Summary, there are eight (8) forms in the Recertification Package. Please check the last column of this checklist as you complete each form. If a form does not apply to your household, you must check "N/A" on the checklist, and the form, and return both the checklist and the form with your package.

Have you completed this form?

Yes

☐

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Form #	Form Name	Who Must Complete this Form	Completed?
Cover Page	Rental Subsidy Recertification Package Cover Page	The Head of Household must sign the cover page to certify that the package has been filled out truthfully and completely.	<input type="checkbox"/> Yes
Participant Household Summary	Rental Subsidy Participant Household Summary	The Head of Household must review and make corrections to information that was reported at the last annual certification.	<input type="checkbox"/> Yes
2	Request to Add a Household Member	Households that would like to request to add a person to their Rental Subsidy household must complete this form and submit the documents requested.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
3	Request to Remove a Household Member	Households that would like to request to remove a person to their Rental Subsidy household must complete this form and submit the documents requested	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
4	Verification of Wages	Each employed member must provide two (2) recent consecutive paystubs <u>OR</u> have their employer complete this form <u>OR</u> provide a letter from the employer stating employment dates and income.	<input type="checkbox"/> Yes, given to employer <input type="checkbox"/> N/A
5	Verification of Bank Accounts and other Assets	Each household member who owns assets must have their financial institution complete this form. Assets include, but are not limited to: <ul style="list-style-type: none"> ▪ Savings accounts ▪ Checking accounts ▪ Direct Express accounts ▪ Prepaid debit cards ▪ IRAs, CDs or bonds ▪ Real estate ▪ Stocks/bonds Recent financial statements from the institution or bank may be submitted as an alternative.	<input type="checkbox"/> Yes, given to financial institution <input type="checkbox"/> Yes, documentation enclosed <input type="checkbox"/> N/A

HEAD OF HOUSEHOLD NAME	ENTITY ID #
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RECERTIFICATION PACKAGE CHECKLIST CONTINUED			
Form #	Form Name	Who Must Complete this Form	Completed?
6	Declaration of Un-Reimbursed Medical and Pharmacy Expenses	<p>You may complete this form if the Head of your Household, spouse, or domestic partner are:</p> <ul style="list-style-type: none"> ▪ Legally disabled ▪ 62 years of age or older <p>This form may be completed to deduct <u>un-reimbursed</u> medical, pharmacy, or disability expenses expected in the next 12 months. Only the portion of the total medical expense that exceeds 3% of the household annual income is an allowable deduction.</p> <p>This form is not complete without documentation of these expenses.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
7	Declaration of Un-Reimbursed Disability Expenses	<p>If <u>your family has an un-reimbursed expense for attendant care</u> (home health aid for a disabled adult or baby-sitter for a disabled child age 13 or older) or <u>medical equipment</u> (such as a wheelchair) <u>for a household member who is disabled</u> and as a result of this expense, you or any household member (including the disabled person) were able to earn income from a job, you should complete this form.</p> <p>This form is not complete without documentation of these expenses.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
8	Verification of Student Status	Each household member who is 18 years of age or older who attends school full-time, or who is in a job training program, must have this form completed by the educational institution.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
9	Verification of Childcare Expenses	This form only applies if childcare expenses are for the care of children 12 years old or younger, and only if childcare is necessary for a family member to be employed, to further their education, or to seek employment.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

HEAD OF HOUSEHOLD NAME Ramonita Figueroas Burgos	ENTITY ID # AG214994
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LANGUAGE ASSISTANCE FORM

To request free language interpretation, please call 917-286-4300 or come to HPD Client Services at 100 Gold Street, Room 1-O, New York, NY 10038, between 9:00am and 4:00pm Monday through Friday.

- **Español/ Spanish:** Para solicitar servicios de interpretación gratuitos en español, llame al 917-286-4300 o acuda a la oficina de Servicios al Cliente del HPD en 100 Gold Street, sala 1-O, Nueva York, NY 10038, de lunes a viernes entre las 9:00 a. m. y las 4:00 p.m.
- **Français/ French :** Afin de demander des services d'interprétariat gratuits en français, veuillez appeler le 917 286 4300 ou vous rendre au service clients du HPD au 100 Gold Street, Room 1-O, New York, NY 10038, ouvert de 9 h à 16 h, du lundi au vendredi.
- **Kreyòl Ayisyen/ Haitian Creole:** Pou mande yon moun pou tradui pou ou gratis an Kreyòl ayisyen, tanpri rele 917-286-4300 oswa vini nan Sèvis Kliyan HPD nan 100 Gold Street, Room 1-O, New York, NY 10038, ant 9:00 a.m. ak 4:00 p.m. lendi jiska vandredi.
- **Русский/ Russian:** Чтобы воспользоваться бесплатными услугами перевода на русский язык, позвоните по номеру 917-286-4300 или обратитесь в отдел обслуживания клиентов Департамента по сохранению и развитию жилищного фонда по адресу 100 Gold Street, Room 1-O, New York, NY 10038 (с 9:00 до 16:00 с понедельника по пятницу).
- **Polski/ Polish:** Aby skorzystać z usługi tłumacza ustnego języka polskiego, zadzwoń pod numer 917-286-4300 lub odwiedź HPD Client Services przy 100 Gold Street, Room 1-O, New York, NY 10038, w godzinach od 9:00 do 16:00, od poniedziałku do piątku.
- **اردو/ Urdu:** اردو میں مفت ترجمانی کی درخواست کرنے کے لیے، براہ کرم 917-286-4300 پر کال کریں یا 100 Gold Street, Room 1-O, New York, NY 10038 کے پتے پر HPD کلنٹ سروسز (HPD Client Services) میں پیر سے لے کر جمعہ تک 9:00 بجے صبح اور 4:00 بجے شام کے درمیان تشریف لائیں۔
- **বাংলা/ Bengali:** বিনামূল্যে বাংলা দোভাষীর পাওয়ার জন্য অনুরোধ করতে অনুগ্রহ করে 917-286-4300 নম্বরে ফোন করুন অথবা সোমবার থেকে শুক্রবার সকাল 9টা থেকে বিকাল 4টার মধ্যে 100 Gold Street, Room 1-O, New York, NY 10038 ঠিকানায় অবস্থিত HPD ক্লায়েন্ট সার্ভিসেস এ আসুন।
- **廣東話/Cantonese:** 如需獲得免費廣東話口譯服務，請於星期一至星期五上午 9:00 至下午 4:00 撥打 917-286-4300 或前往 HPD 客戶服務部門（地址為 100 Gold Street, Room 1-O, New York, NY 10038）。
- **普通话/Mandarin:** 如需申请免费普通话口译服务，请于星期一至星期五上午 9:00 至下午 4:00 致电 917-286-4300 或造访 HPD 客户服务部（地址为 100 Gold Street, Room 1-O, New York, NY 10038）。
- **한국어/ Korean:** 한국어 무료 통역을 요청하려면, 917-286-4300 으로 연락하거나 월요일부터 금요일, 오전 9시부터 오후 4시까지 100 Gold Street, Room 1-O, New York, NY 10038 에 있는 HPD 고객 서비스 부서로 방문하십시오.
- **العربية/ Arabic:** لطلب الحصول على الترجمة الفورية المجانية باللغة العربية، يرجى الاتصال بالرقم 917-286-4300، أو الحضور إلى خدمات العميل التابعة لإدارة HPD في العنوان 100 Gold Street, Room 1-O, New York, NY 10038، بين الساعة 9 صباحاً والساعة 4 مساءً، من الاثنين إلى الجمعة.