

HEAD OF HOUSEHOLD NAME

SOCIAL SECURITY NUMBER (last 4 digits)

HRA HOME TBRA RECERTIFICATION PACKAGE

Head of Household Name:

Complete Package Due On or Before:

Dear HRA HOME TBRA PARTICIPANT HEAD OF HOUSEHOLD:

As a participant in the New York City Human Resources Administration HOME Tenant-Based Rental Assistance Program (HRA HOME TBRA), you are required under federal regulations to recertify annually in order for your household to continue to receive rental assistance.

- Read the instructions in the HRA HOME TBRA Recertification Checklist and HRA HOME TBRA Recertification Form carefully.
- Complete Form 1. HRA HOME TBRA Recertification Form.
- Have **all** household members aged 18 years or older sign these forms:
 - Form 2. HRA HOME TBRA Consent for Release of Information/Privacy Act Notice
 - Form 3. HRA HOME TBRA Declaration of Employment Status.
- Complete any additional forms that apply to your household and provide all required documentation (as indicated in HRA HOME TBRA Recertification Checklist and HRA HOME TBRA Recertification Form). All online forms not enclosed in this package are available on the HRA HOME TBRA website at <https://www1.nyc.gov/site/hra/help/home-tbra.page> or by calling (929) 221-0043.
- Read, sign, and date the Certification Statement below.
- Make a copy of the completed package for your records.
- Obtain a receipt by bringing the package to 109 East 16th Street (By Appointment Only) or mailing the package via certified mail to **HRA Rental Assistance Programs, 109 E 16th Street, 7th Floor, New York, NY 10003**. You may also submit the final complete package by email to RAPRenewals@hra.nyc.gov.

Do you need help to read, understand, or complete the Recertification Package, have a question, or want to schedule an appointment? **Call HRA HOME TBRA at (929) 221-0043.**

Certification Statement

I have read the HRA HOME TBRA Recertification Package forms and instructions. I have completed my recertification with the most current information on my household's income, assets, and household 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 HRA HOME TBRA. I further understand that HRA will verify my income information with a third party.

Head of Household Signature (Required)

Date (Required)

HRA HOME TBRA RECERTIFICATION PACKAGE CHECKLIST

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Please carefully read the Recertification Package Checklist and instructions in the HRA HOME TBRA Recertification Form. They will tell you what forms are required to recertify for HRA HOME TBRA rental assistance. In addition to the cover page, HRA HOME TBRA Recertification Package Checklist, and HRA HOME TBRA Recertification Form, there are other forms in the Recertification Package or online that you may be required to complete. 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. **To obtain any online forms described below, go to the HRA HOME TBRA website at <https://www1.nyc.gov/site/hra/help/home-tbra.page> or call (929) 221-0043 to request that the form(s).**

TO BE COMPLETED BY THE HEAD OF HOUSEHOLD

COMPLETE THE ENCLOSED FORMS. Form #	Form Name	Who Must Complete this Form	Form Completed?
Cover Page	HRA HOME TBRA Recertification Package Cover Page	The Head of Household must sign the Certification Statement on the cover page to certify that the package has been filled out truthfully and completely.	<input type="checkbox"/> Yes
1	HRA HOME TBRA Recertification Form	The Head of Household must review and correct/update information, following the instructions in the Form. This Form is not complete without documentation of income, assets, and other information described in the instructions in the Form.	<input type="checkbox"/> Yes
2	HRA HOME TBRA Consent for Release of Information/Privacy Act Notice	Each member of the household 18 or older (including anyone being added to the household) must sign and date this form.	<input type="checkbox"/> Yes
3	HRA HOME TBRA Declaration of Employment Status	Each member of the household 18 or older (including anyone being added to the household) must complete, sign, and date this form, indicating his or her employment status.	<input type="checkbox"/> Yes

If you are claiming any of the expenses below, complete the relevant online form(s) below.

Form #	Form Name	Who Must Complete this Form	Form Completed?
4	Declaration of Unreimbursed Medical and Pharmacy Expenses	You may complete this form if the Head of Household, spouse or co-head are: <ul style="list-style-type: none"> ▪ Legally disabled and/or ▪ 62 years of age or older This form may be completed to deduct unreimbursed medical, pharmacy, or disability expenses expected in the next 12 months. Only the portion of the total medical expenses and disability expenses that exceeds 3% of the household annual income is an allowable deduction. This form is not complete without documentation of these expenses.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
5	Declaration of Unreimbursed Disability Expenses	If your household has an unreimbursed expense for attendant care (home health aide for a disabled adult or babysitter 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 (including the disabled person) were able to earn income from a job, you should	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

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		<p>complete this form. Only the portion of the total medical expenses and disability expenses 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>	
<p>If you have a change in household composition, complete the relevant online form(s) below. Note that, if anyone joins or leaves your household before your next annual recertification, you must notify HRA within 30 days of the change.</p>			
6	Addition of a Household Member	Households reporting an addition must complete this form and submit the documents requested.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
7	Removal of a Household Member	<p>Households must complete this form to remove a member who no longer resides in the assisted unit and submit the documents requested.</p> <p>Also complete this form if a household member has been or will be absent for more than 90 consecutive days (excluding a child residing in the assisted unit with his or her parent for a least 183 days per year pursuant to a joint custody agreement or order, a foster child placed and residing in the assisted unit for more than 183 days of the year, or a household member away at school who intends to live with the household during school recesses).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
<p>If someone is being added to the household or the citizenship/immigration status of a current household member has changed, complete the online form below.</p>			
8	HRA HOME TBRA Declaration of Citizenship/Immigration Status	A new household member or a household member reporting a change in immigration status must complete and sign this form (or a parent or legal guardian must sign for a minor). INS Documentation must be included if the household member is an eligible immigrant under 62.	<input type="checkbox"/> Yes <input type="checkbox"/> N/A

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FORM 1. HRA HOME TBRA RECERTIFICATION FORM

If you need help understanding, reading or filling out this form, call 929-221-0043. The information on this form will be used to determine your household's eligibility for recertification for HRA HOME TBRA. HRA has listed below the household information currently on file. As Head of Household, you must review, update, and complete this form and any other forms that apply to your household and provide documentation as discussed below. All online forms referred to in the instructions below are available on the HRA HOME TBRA website at <https://www1.nyc.gov/site/hra/help/home-tbra.page> or by calling (929) 221-0043 and requesting that the form(s) be mailed to you. Forms that are not finished will be sent back to you to be completed. Read the HRA HOME TBRA Recertification Package Checklist for additional information and instructions.

PART 1. HEAD OF HOUSEHOLD INFORMATION: If any information has changed, cross out the incorrect information and write in the correct information. Provide documentation of any legal name change or address change.

LAST NAME	FIRST NAME & MIDDLE INITIAL	PHONE NUMBER ()	
ADDRESS		CITY	ZIP CODE
WHAT IS YOUR PREFERRED LANGUAGE?		DO YOU NEED A SIGN LANGUAGE INTERPRETER?	

PART 2. PEOPLE IN YOUR HOUSEHOLD: If anyone listed no longer lives with you, check the box "Left household." Also check "Left household" for anyone who has been or will be absent for more than 90 consecutive days (see HRA HOME TBRA Recertification Checklist for more information). If anyone is living with you who is not listed in Part 2 (including any guest residing or expected to reside with you for more than 90 days), add the information for that person on a blank line. If anyone joined or left the household, you must also complete and submit online Form 6. Addition of a Household Member or online Form 7. Removal of a Household Member. A new household member must also complete any other applicable forms, as discussed in HRA HOME TBRA Recertification Checklist and Form 6. If any household member 18 or older attends school full-time or is in a job training program, check "Yes" under "Full-time student" and submit verification from the school or training program. If any household member is currently pregnant, indicate "pregnant" by the name below and provide medical verification.

HH Mbr #	Last Name	First Name	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Social Security Number	Citizen (Y/N)	Full-time student	Left household
1			Head of Household/ Self				<input type="checkbox"/>	<input type="checkbox"/>
2							<input type="checkbox"/>	<input type="checkbox"/>
3							<input type="checkbox"/>	<input type="checkbox"/>
4							<input type="checkbox"/>	<input type="checkbox"/>
5							<input type="checkbox"/>	<input type="checkbox"/>
6							<input type="checkbox"/>	<input type="checkbox"/>
7							<input type="checkbox"/>	<input type="checkbox"/>
8							<input type="checkbox"/>	<input type="checkbox"/>
9							<input type="checkbox"/>	<input type="checkbox"/>
10							<input type="checkbox"/>	<input type="checkbox"/>

PART 3. ANNUAL INCOME: Indicate the total annual income of all members of your household (including wages, salaries and tips; other income such as alimony, child support, SSI, SSD, Social Security, rental income, etc.). Income information that HRA has on file is listed below. If any of the information is wrong, check the box "Income NOT Received or Incorrect Amount" and write in the correct income or \$0. If your household has income from sources not listed below, add the correct information in a new row. For household members who are currently employed, provide their most recent pay stubs (2 if paid monthly, 4 if paid bi-weekly, 8 if paid weekly) or a letter from the employer indicating rate of pay per hour, hours worked per week, and the employer's telephone number. Also provide documents verifying unearned income, such as a benefits award letter or child support agreement.

HH Mbr #	Source of Income	Frequency (weekly, bi-weekly, monthly)	Amount per Period	Annual Amount	Income NOT Received or Incorrect Amount
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
TOTAL ANNUAL INCOME					

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PART 4. ASSETS / INCOME FROM ASSETS: Do you have items of value that may be turned into cash? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HH Mbr #	Type of Asset and Description (for example: savings account, checking account, IRA, CD, stocks, bonds, mutual fund, other financial asset, real estate, lump sum payment). If HRA filled in any information below, correct any errors and add any missing assets. Provide documentation for each asset, such as a bank statement, stock/bond certificate, or real estate broker's appraisal.	Value of Asset	Annual Income from Asset
TOTAL INCOME FROM ASSETS			

PART 5. ADDITIONAL EXPENSE INFORMATION			
Complete this Part if your household has unreimbursed childcare, medical, or disability expenses that you want to report. For medical or disability expenses, you must complete online Form 4. Declaration of Unreimbursed Medical & Pharmacy Expenses, or online Form 5. Declaration of Unreimbursed Disability Expenses, and provide the documentation indicated in the Form(s). Read HRA HOME TBRA Recertification Package Checklist for more information about when medical or disability expenses can be deducted.		Amount and Frequency (weekly, monthly, etc.)	Annual Expense Amount
Does your household pay child care expenses for children under the age of 13 that allow a household member to work or go to school? You must provide written verification from your child care provider (a letter from an individual provider must be notarized) and copies of receipts or canceled checks.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your household have unreimbursed medical expenses for the head of household or spouse, and medical and/or disability expenses exceed 3% of your household's annual income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete Form 4	
Does your household have unreimbursed disability expenses enabling a household member to work, and medical and/or disability expenses exceed 3% of your household's annual income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, complete Form 5	

PART 6. HEAD OF HOUSEHOLD CERTIFICATION & SIGNATURE

The information on this form will be used to decide if my household is eligible for recertification for HRA HOME TBRA. I have provided correct information about the members of my household and each household member's annual income, assets, and income from assets. Under penalty of perjury, I certify that the information presented in this HRA HOME TBRA Recertification Form is true to the best of my knowledge and belief. I further understand that providing false information is an act of fraud. False, misleading, or incomplete information will result in termination of my household's participation in HRA HOME TBRA.

Signature (Date)

HOW TO SUBMIT THIS RECERTIFICATION APPLICATION

Submit this form, the HRA HOME TBRA Consent for Release of Information/Privacy Act Notice, HRA HOME TBRA Declaration of Employment Status, and other required documents by email to: RAPrenewals@hra.nyc.gov or by mail to HRA Rental Assistance Programs, 109 E 16th Street, 7th Floor, New York, NY 10003.

RECERTIFICATION FORMS MUST BE RECEIVED BY EMAIL OR POSTMARKED NO LATER THAN ____

If you want to make an appointment to complete your recertification in person, call (929) 221-0043 for an appointment.

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FORM 2. HRA HOME TBRA CONSENT OF RELEASE FOR INFORMATION

The Head of Household and all household members 18 years of age or older must sign a consent form according to federal law (42 U.S.C. § 3544) and U.S. Department of Housing and Urban Development (HUD) regulation (24 CFR § 5.230). Failure to sign this consent form may result in denial of household's eligibility and/or termination of household's subsidy. This consent authorizes HUD and HRA to obtain information directly from third party sources in order to verify the income, the value of assets, expenses related to deductions from income (including medical, pharmaceutical and day care expenses), household composition information, and related information for each household member. HUD and HRA will use the information received for the purposes of determining whether your household is eligible for HRA HOME TBRA benefits and to ensure that these benefits are set at the correct level.

EACH HOUSEHOLD MEMBER 18 YEARS OF AGE OR OLDER MUST COMPLETE AND SIGN THIS FORM.

In order to complete or verify an application for participation and to maintain continued assistance in the HRA HOME TBRA program, this consent form authorizes the release of information necessary to permit HUD, HPD and HRA to obtain:

1. Information from SWICAs (State Wage Information Collection Agencies, such as a Labor Department)
2. Salary and wage income information from previous or current employers and unearned income information (such as interest and dividend payments) from banks or other financial institutions
3. Information such as but not limited to:
 - Income from public or private pension funds, unemployment compensation, worker's compensation income, disability payments, military pay, alimony, child support, and private contributions; information related to school attendance verification and the receipt of financial grants from entities, credit agencies, or government agencies, including but not limited to the: NYC Office of Payroll Administration, NYC Department of Finance, NYC Department of Health and Mental Hygiene, NYC Clerk's Office, NYS Department of Motor Vehicles, Courts and NYS Office of Court Administration, NYS Department of Labor, and U.S. Department of Veterans Affairs
4. Information from the Social Security Administration (SSA) for the purpose of verifying Social Security numbers and income.
5. Tax return information from the Internal Revenue Service (IRS)

The authorization to release information specified by this consent form expires 15 months after the date that the form is signed. Photocopies of this consent form shall be as valid as the original.

CONSENT: I consent to allow HUD, HPD and HRA to request and to obtain income information from the sources listed on this form for the purpose of verifying my eligibility and determining my level of benefits under HUD's assisted housing programs. I understand that HUD, HPD and HRA will not use information obtained by this consent to deny, reduce, or terminate assistance without first independently verifying the accuracy of this information. In addition, I must be given an opportunity to contest those determinations.

PRINT NAMES OF ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER	DATE OF BIRTH	SOCIAL SECURITY	SIGNATURE	DATE

PRIVACY ACT NOTICE: THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) IS REQUIRING THE COLLECTION OF THE INFORMATION DERIVED FROM THIS FORM TO DETERMINE AN APPLICANT'S ELIGIBILITY IN A HOME PROGRAM AND THE AMOUNT OF ASSISTANCE NECESSARY USING HOME FUNDS. THIS INFORMATION WILL BE USED TO ESTABLISH LEVEL OF BENEFIT ON THE HOME PROGRAM; TO PROTECT THE GOVERNMENT'S FINANCIAL INTEREST; AND TO VERIFY THE ACCURACY OF THE INFORMATION FURNISHED. IT MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES WHEN RELEVANT, TO CIVIL, CRIMINAL, OR REGULATORY INVESTIGATORS, AND TO PROSECUTORS. FAILURE TO PROVIDE ANY INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL. PENALTY: YOU MUST PROVIDE ALL INFORMATION REQUESTED BY HUD, HPD AND HRA, INCLUDING ALL SOCIAL SECURITY NUMBERS THAT YOU AND ALL OTHER HOUSEHOLD MEMBERS HAVE AND USE. PROVIDING THE SOCIAL SECURITY NUMBERS OF ALL HOUSEHOLD MEMBERS IS MANDATORY, AND NOT PROVIDING THE SOCIAL SECURITY NUMBER WILL AFFECT YOUR ELIGIBILITY. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION MAY RESULT IN A DELAY OR REJECTION OF YOUR ELIGIBILITY APPROVAL.

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FORM 3: HRA HOME TBRA DECLARATION OF EMPLOYMENT STATUS

Each member of the household **18 years of age or older** is listed in the table below and is required to declare his or her employment status. If anyone living with you or being added to the household is not listed below, add the information for that person on a blank line. If the household member is unemployed, indicate the last date of his or her employment. In answering the question “Are you employed?” check “**YES**” if any of the following apply:

- Household member is employed part time or full time
- Household member is self-employed or seasonally employed
- Household member is employed in any way and is a student

Check “**No**” if:

- Household member is not currently employed part time or full time
- Household member is not currently self-employed or seasonally employed
- Household member is not employed and is either retired or has a disability

Each member must sign and date the last two columns. If any member became unemployed within the last two years, list the name and contact information for the employer at the bottom of the page. The first line has been completed as an example.

TO BE COMPLETED AND SIGNED BY EVERY HOUSEHOLD MEMBER 18 YEARS OLD OR OLDER.

FULL NAME	ARE YOU EMPLOYED?	Last date of employment if not employed	Signature	Date form completed
Example: Jane Brown	Yes x No	9/1/2006	Jane Brown	7/26/11

If any household member lost his or her employment in the previous two years, please list the household member’s name as well as the phone number and address of the former employer in the space below.