

CONTINUUM OF CARE RECERTIFICATION FORM

Participant Name: _____

Phone Number (or contact number): _____

Address: _____

The annual recertification process requires that you provide us with the following information:

1. **Household income;**
2. **Household composition (information on anyone else that is living with you); and**
3. **Case Manager / Management**

Please fill out the following chart as **accurately as possible**. Be sure to include **all individuals** living in the unit. Income from any of the following sources must be included: Social Security, Welfare Assistance (such as TANF), employment wages (excluding children under 18), interest, dividends and disability payments.

The following people reside at the above address and have the following income:

Name/Relationship	Date of Birth	Social Security Number	* Income Source	** Income dollar amount and frequency
Head of household / self				

* **DOCUMENTATION OF ALL REPORTED INCOME MUST ACCOMPANY THIS FORM.** Examples of documentation include: a Social Security award letter, pay check stubs, TA award letter, etc.

** Income frequency should be listed as "once a week", "every 2 weeks", "once a month" or however it may apply.

Please provide your Case Manager's name, agency and phone number:

Case Manager Name: _____

Agency Name: _____ Phone #: _____

A letter from your case manager verifying that you are active in case management must accompany this form. Please understand that **this is a program requirement** for continued rental assistance.

The information provided above is true and complete to the best of my knowledge. I understand that false or misleading information could result in the loss of rental assistance.

Participant Signature

Date