

Family Certification of Income Sources Form

Virginia Housing | Housing Choice Voucher Program

Purpose of Family Certification of Income Sources: Many families are not aware of what is counted or not counted as income for the Housing Choice Voucher Program. In addition, a large percentage of our applicants and participants claim no income for the household. In order to ensure all income sources are properly identified and that families claiming no income acknowledge income resources, each family is required to certify at each new admission, annual recertification, and interim certification by completing and signing this form.

All families listing zero income on Line 7i (Total Annual Income) of the Family Report (HUD-50058) will certify by signing this form every 60 days until stable income sources are listed and/or the family has a Tenant Rent to Owner Contribution. Date of Next 60-day Appointment: _____

Questions	Yes or No	Initials
1. Is any household member employed full time?		
2. Is any household member employed part-time?		
3. Does any household member receive severance pay?		
4. Is any household member self-employed or own a business?		
5. Does any household member receive Temporary Assistance for Needy Families (TANF)?		
6. Does any household member receive child support?		
7. If currently not receiving child support, has any household member received child support within the last 12 months?		
8. Does any household member receive money for babysitting/childcare?		
9. Does any household member receive food stamps?		
10. Does any household member receive Supplemental Security Income (SSI)?		
11. Does any household member receive Social Security?		
12. Does any household member receive alimony?		
13. Does any household member receive unemployment compensation?		
14. Does any household member receive military pay (includes if household member is temporarily away from home and includes all armed forces, National Guard, Air Force, Army, etc.)?		
15. Does any household member receive annuities (or have the contract right to receive annual payments or other regular payments)?		
16. Does any household member receive retirement benefits or have retirement savings accounts?		
17. Does any household member receive veteran's benefits?		
18. Does any household member receive any type of student financial assistance in the form of grants, scholarships, work-study income, or assistance from parents?		
19. Does any household member have a life insurance policy?		
20. Does any household member receive a pension check?		
21. Does any household member receive money from an insurance claim?		
22. Does any household member receive disability or death benefits?		
23. Does any household member receive money as a result of personal injury or loss of or damage to property?		
24. Does any household member receive worker's compensation benefits?		
25. Does any household member have any stock/s or bond/s or certificates of deposit?		
26. Does any household member have any savings certificates, money market funds, or trust funds?		
27. Does any household member have a checking account/s?		
28. Does any household member have a savings account/s?		
29. Does any household member receive income from rental property?		
30. Does any household member have any inheritances, lottery winnings, or lump sum money from any other source?		
31. Does any household member own or have any legal interest in any real estate?		
32. Does anyone outside your household pay your bills/expenses directly to the provider? (This includes, but is not limited to: bills, medical expenses, utilities, food, car payment, car insurance, diapers, clothes, and/or personal items)		
33. Does anyone in your household receive money from someone outside your household (money from church, family, friends, etc.)?		

Questions	Yes or No	Initials
34. Does any household member receive a resident service stipend (pay for performing a service for a public housing authority/agency or landlord)?		
35. Does any household member receive any goods or services in exchange for providing goods or services to persons outside the household?		
36. Does any household member obtain or receive any money or goods from any other source or activity, whether legal or illegal?		
37. Do you have car insurance?		
38. Are you making payments on a credit card?		
39. Does any household member own or lease a car, truck or motorcycle?		
40. Do you have phone service (cell or regular phone service)?		
41. Do you rent furniture, appliances, stereo-video equipment, or a computer?		
42. Do you have any other money/item coming into the household that has not been identified by this questionnaire?		
43. How do you pay for utilities for your home (water, electricity, heat, etc.)?		
44. Is the income that you have reported sufficient to purchase all of your household's food, transportation, clothing, medical care, household items, and personal items? If not, explain how you are able to pay for them.		

I/We certify the information that I/we have provided above is true and complete concerning members of my/our household. I/We understand that failure to provide all information or failure to provide the complete and correct information (whether my/our failure to provide information is intentional or unintentional) may result in denial or termination of my household's Housing Choice Voucher Program assistance. I/We understand that if I/We so fail to provide said information, I/we must repay all monies that were overpaid on our housing assistance and that I/we may be barred from participation in the Housing Choice Voucher Program for a period of time or be permanently barred from the program.

All household members 18 years and older must sign below or on the back of this form.

Head of Household Signature Date

Other Adult Signature Date

Other Adult Signature Date

Other Adult Signature Date

