

HOUSEHOLD SELF-CERTIFICATION

Annual Recertification

Head of Household Name	Unit Number
Phone Number	Email

The information on this form is needed to recertify household income and assets.

Part 1 Household Composition

HH Mbr	Full Name	Relationship to Head of Household (HOH)	Date of Birth	Student
1				☐ Yes ☐ No
2				☐ Yes ☐ No
3				☐ Yes ☐ No
4				☐ Yes ☐ No
5				☐ Yes ☐ No
6				☐ Yes ☐ No

Total Combined Household income: \$ _____

Total Combined Household Assets (excluding retirement): \$ _____

- ☐ Female Head of Household
☐ Disabled Head of Household
☐ Senior/Elderly Head of Household

☐ This form was completed electronically by the Head of Household.

☐ Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist is attached).

Certification & Signature

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

The head of household may sign on behalf of all household members.

Head of Household Signature

Date