|  |  |  |  |
| --- | --- | --- | --- |
| HOH Name  |       | If required, Signature Date on 9887/9887A |       |
| Unit Number |       | Cert Type |       | Cert Effective Date |       |

If IR – Reason [ ]  NA [ ]  Reduction to Income [ ]  Termination of Employment [ ]  Expense Increase [ ]  Change to Family

|  |  |  |  |
| --- | --- | --- | --- |
| Resident 2 Name  |       | If required, Signature Date on 9887/9887A |       |
| Resident 2 Type | [ ]  Adult [ ]  Child [ ]  Full time Student [ ]  Other Adult [ ]  Live-in Aide [ ]  Foster Child/Adult |
| Resident 3 Name  |       | If required, Signature Date on 9887/9887A |       |
| Resident 3 Type | [ ]  Adult [ ]  Child [ ]  Full time Student [ ]  Other Adult [ ]  Live-in Aide [ ]  Foster Child/Adult |

 *(Note from RBD – you should modify this form to include the appropriate number of residents based on unit types available at your properties.)*

Is this a fixed income family? [ ]  Yes *If Yes, use Streamlined Certification* [ ]  No

Divide the amount of fixed income       by total income       =      . If the result is 90% or more, this is a fixed income family.

*\*Unless you are using Streamlined Verification methods, you must attempt traditional verification before using self-certification.*

*If you use family self-certification, you must note the file explaining why. You are not required to go back and reverify unless specified. See HH 4350.3 Paragraph 5-13.*

|  |
| --- |
| **Review the current 50059 on file to Determine what action to take** |
| **Assets – Total Family Assets** |
| Total Assets on current 50059 HUD | [ ]  $5000 or less Streamline (Years 2 & 3) | [ ]  More than $5000 Attempt Verification (see below) | [ ]  None |
| **Assets If total Household Assets total more than $5000 HOH – Name** |
| Checking Account | [ ]  Bank Statements | [ ]  Self-Certification\* | [ ]  None |
| Other Fixed Income       | [ ]  Bank Statements | [ ]  Self-Certification\* | [ ]  None |
| Direct Express | [ ]  Bank Statements | [ ]  Self-Certification\* | [ ]  None |
| Other Assets | [ ]  Verification | [ ]  Self-Certification\* | [ ]  None |
| **Income HOH – Name** |
| Other Fixed Income       | [ ]  Streamline (Years 2 & 3) | [ ]  Award Letter | [ ]  None |
| Earned Income (fixed income family) | [ ]  Streamline (Years 2 & 3) |  | [ ]  None |
| Earned Income (not fixed income family) | [ ]  Verification  | [ ]  Self-Certification\* | [ ]  None |
| Other Income (fixed income family) | [ ]  Streamline (Years 2 & 3) |  | [ ]  None |
| Other Income (not fixed income family) | [ ]  Verification  | [ ]  Self-Certification\* | [ ]  None |
| Termination of Employment | [ ]  Verification  | [ ]  Self-Certification\* | [ ]  None |
| **Expenses HOH – Name** |
| Medical Expenses | [ ]  Verification | [ ]  Self-Certification\* Use Previous Year then correct if necessary | [ ]  None |
| Child Care Expenses | [ ]  Verification | [ ]  Self-Certification\* | [ ]  None |
| Disability Assistance Expenses | [ ]  Verification | [ ]  Self-Certification\* | [ ]  None |

|  |
| --- |
| **Assets if total Household Assets total more than $5000 Member 2 – Name** |
| Checking Account | [ ]  Bank Statements | [ ]  Self-Certification\* | [ ]  None |
| Other Fixed Income       | [ ]  Bank Statements | [ ]  Self-Certification\* | [ ]  None |
| Direct Express | [ ]  Bank Statements | [ ]  Self-Certification\* | [ ]  None |
| Other Assets | [ ]  Verification | [ ]  Self-Certification\* | [ ]  None |
| **Income Member 2 – Name** |
| Other Fixed Income       | [ ]  Streamline (Years 2 & 3) | [ ]  Award Letter | [ ]  None |
| Earned Income (fixed income family) | [ ]  Streamline (Years 2 & 3) |  | [ ]  None |
| Earned Income (not fixed income family) | [ ]  Verification  | [ ]  Self-Certification\* | [ ]  None |
| Other Income (fixed income family) | [ ]  Streamline (Years 2 & 3) |  | [ ]  None |
| Other Income (not fixed income family) | [ ]  Verification  | [ ]  Self-Certification\* | [ ]  None |
| Termination of Employment | [ ]  Verification  | [ ]  Self-Certification\* | [ ]  None |
| **Expenses Member 2 – Name** |
| Medical Expenses | [ ]  Verification | [ ]  Self-Certification\* Use Previous Year then correct if necessary | [ ]  None |
| Child Care Expenses | [ ]  Verification | [ ]  Self-Certification\* | [ ]  None |
| Disability Assistance Expenses | [ ]  Verification | [ ]  Self-Certification\* | [ ]  None |

|  |
| --- |
| **Assets if total Household Assets total more than $5000 Member 3 – Name** |
| Checking Account | [ ]  Bank Statements | [ ]  Self-Certification\* | [ ]  None |
| Other Fixed Income       | [ ]  Bank Statements | [ ]  Self-Certification\* | [ ]  None |
| Direct Express | [ ]  Bank Statements | [ ]  Self-Certification\* | [ ]  None |
| Other Assets | [ ]  Verification | [ ]  Self-Certification\* | [ ]  None |
| **Income Member 3 – Name** |
| Other Fixed Income       | [ ]  Streamline (Years 2 & 3) | [ ]  Award Letter | [ ]  None |
| Earned Income (fixed income family) | [ ]  Streamline (Years 2 & 3) |  | [ ]  None |
| Earned Income (not fixed income family) | [ ]  Verification  | [ ]  Self-Certification\* | [ ]  None |
| Other Income (fixed income family) | [ ]  Streamline (Years 2 & 3) |  | [ ]  None |
| Other Income (not fixed income family) | [ ]  Verification  | [ ]  Self-Certification\* | [ ]  None |
| Termination of Employment | [ ]  Verification  | [ ]  Self-Certification\* | [ ]  None |
| **Expenses Member 3 – Name** |
| Medical Expenses | [ ]  Verification | [ ]  Self-Certification\* Use Previous Year then correct if necessary | [ ]  None |
| Child Care Expenses | [ ]  Verification | [ ]  Self-Certification\* | [ ]  None |
| Disability Assistance Expenses | [ ]  Verification | [ ]  Self-Certification\* | [ ]  None |