

Application for Re-Certification

New Boston Property Management

Bring this completed form to your recertification interview.

Re-certifications must be completed at least 30 days prior to your anniversary date. If you cannot keep your appointment, please call to reschedule as soon as possible.

Please complete this form in your own handwriting in ink *prior* to your appointment. Use the correct legal name for each person who will reside in the apartment as it appears on their Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Please do not leave blank any section of the application. If a section or question does not apply to you, write NO in it.

Name: _____ Apartment # _____

Mailing Address: _____ Phone: _____

E-mail Address: _____ Text Number: _____

I. Household Composition

Adults (age 18 & over) Last First MI	Relation to Head	Sex M/F	Soc Sec Number	Elderly/ Disabled	Race	Hisp/ Non-H	Date of Birth	Place of Birth
	<u>HEAD</u>							

Children (under age 18) Last First MI	Sex	Race	Hisp/ Non-H	Soc. Sec. Number	Birth Date	Birth Place	Name & Address of Absent Parent (not living in household)

Is the Head of Household or Spouse of the Head of Household in the Armed Services? _____

Is any person enrolled in an employment/training program? _____ If yes, who and what program are they

enrolled in? _____

Is any person other than the Head or Spouse a full-time student? _____ If yes, who? _____

If married (by ceremony or common law) and the spouse is not listed on this application, where does he/she live?

_____ Is absence temporary or permanent? _____

Does anyone help you pay bills regularly? _____ If yes, explain: _____

Do you receive services or income from barter or trade? _____

II. Total Income to Household

List all income earned or received by everyone living in the household regardless of age. This would include, but is not limited to, gross wages (before deductions), self-employment, child support, Social Security, SSI, Worker's Compensation, retirement benefits, TANF, Veteran's benefits, alimony, income from rental property, babysitting, and income from banks such as interest on savings, bonds, CDs, and checking accounts. Also list any and all regular contributions and gifts to members of the household.

Name of Household Member Who Receives Income	Source of Income (Name of Employer, Absent Parent, Company, Bank, or Individual who makes the payment)	Is Income Hourly, Monthly, Weekly, Bi-weekly or Daily?	Gross Income (cash or check) Before Deducts	List any changes anticipated

Do you receive food stamps (SNAPS)? _____ If yes, amount: \$_____

III. Assets

Does any household member listed on page 1 have or receive income from assets? (Check all that apply)

- Real Estate Company Retirement/Pension Fund Trusts
 Stocks Insurance Settlements Bonds
 Savings Account Certificate(s) of Deposit Checking Account
 Other:

Have you given away or sold any asset for less than its fair market value in the past 2 years? _____ If yes, when and what? _____ What was its market value? _____ How much did you receive? _____

IV. Child Care

Do you pay for Child Care for children age 12 or younger while you work or attend school? _____ If yes, list name of person to who expenses are paid. _____ How much per month? \$_____

V. Medical (to be completed *only* if Head or Spouse is 62 or older OR disabled regardless of age)

List all medical expenses the family anticipates paying during the **next 12 months** that will not be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums.

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<u>Medical insurance</u>	\$ _____	<u>Doctor's Visits</u>	\$ _____
<u>Prescription medicine</u>	\$ _____	<u>Medical non prescriptions</u>	\$ _____

Do you pay for attendant care or auxiliary apparatus for a handicapped household member that is necessary for him/her or other family member to work? _____ If yes, Itemize: _____

Are your rent and other charges payable to the New Boston Property Management paid up to date? _____ If not, explain: _____

Are all utilities (gas and electricity) on in your unit today? _____ If not, specify: _____

Did you fail to report any household income during the past 12 months? _____ If yes, and you list at this time, the Property Management will not pursue legal action for fraud: \$ _____ Source: _____

Do you keep a pet at your apt? _____ Type of pet: _____

Make, Model, and Color of vehicle to be parked on Management's property: _____

Sticker Number: _____ License Plate Number: _____ Liability Insurance Carrier _____

In Case of an emergency, notify: _____ Phone: _____

or _____ Phone: _____

All family members age 18 and over should review the information on this form and MUST sign below.

I do hereby swear and attest that all the information above is true and correct to the best of my knowledge. I understand that I must report any changes in income, assets, and family composition to the Property Management within 14 days of such change. I further understand that any false statements or information provided by me are punishable under federal law and constitute grounds for termination of my lease agreement.

All information provided on this form is subject to verification by the Property Management.

Signature of Head of Household

Date

Signature of Spouse of Head of Household or Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-424-8590 or local Fair Housing hot line at 1-800-739-3611.