

Rapid Rehousing Recertification Form

Today's Date: ____/____/____

Staff Member: _____

Name: _____
(First) (Last)

Birth Date: ____/____/____

Date of Program Entry: ____/____/____

Date of Last Recertification: ____/____/____

Any change in the number of individuals residing in this household: ____ Yes ____ No

If Yes, please provide the following information:

Name	Relationship to Head of Household	Sex	Date of Birth	Race

Update of the 3 following is required:

____ Income/Benefits Assessment

____ Verification of Income

____ Housing Stabilization Plan

Please indicate the household income % of AMI: ____ (%)

Any other information regarding the participant's recertification information and/or needs at this time:

I/We certify that the information provided on this application is accurate and complete to the best of my knowledge. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of assistance under this program.

I/We understand that I/we are to provide any and all information as requested by the Case Manager or Program Manager that the information provided will be subject to verification, that the housing unit I/we are renting is subject to a physical inspection and must meet HUD standards before assistance can be approved. I/We also understand that any approved assistance will be paid directly to the landlord, property manager or utility company and that I/we are responsible for making whatever payments this program determines are my/our responsibility on time and in full each month. I/We also understand the case manager must be notified of any changes in income or other circumstances (e.g. changes in household composition) that affect the eligibility of assistance under this program.

Print Full Name

Print Full Name

Signature

Signature

Date

Date

STAFF USE ONLY (to be completed by case managers):

Client/Household is approved for continued assistance in this Program? ____ Yes ____ No

If no, please provide reason: _____

Staff Member Approving: _____

(please print)

Staff signature: _____ Date: _____