



RESIDENT UPDATE FORM

DIRECTIONS: You must answer EVERY question. Incomplete forms will be returned. All adults must sign the Signature Release on page 4 of this update form. All information will be confidential and used solely for the purposes of determining eligibility and computing rent.

REASON FOR UPDATE (please check one):

ANNUAL RECERTIFICATION

INTERIM RECERTIFICATION
(please explain the nature of the change for which this update form is submitted)

Change is:

HEAD OF HOUSEHOLD: _____

CO-HEAD OF HOUSEHOLD: _____

APARTMENT # _____ HOME PHONE# _____

HEAD'S WORK PHONE# _____ CO-HEAD'S WORK PHONE# _____

1) **PLEASE LIST ALL OTHER FAMILY MEMBERS & SOCIAL SECURITY NUMBERS**

Name:	Social Security Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



2) **SOURCES OF INCOME**

A. Employment:

Person Employed

Employer Name & Address

B. Social Security:

Person Receiving

Claim Number(s)

C. SSI:

Person Receiving

Claim Number(s)

D. Child Support:

Are you legally entitled to receive child support? Yes ____ No ____ If yes, \$____ per month/week

Do you receive child support? Yes ____ No ____ If yes, \$____ per month/week

Please list the source of your child support check – along with the address - if it is not received through the Vermont Dept. of Child Support: _____

E. Alimony:

Are you legally entitled to receive alimony? Yes ____ No ____



Do you receive alimony? Yes ____ No ____ If yes, \$_____ per month/week

F. TANF/Public Assistance: Yes ____ No ____ If yes, \$_____ per month

Name of household member receiving Public Assistance: _____

G. Unemployment Comp: Yes ____ No ____ If yes, \$_____ per week

Name of Household Member receiving Unemployment Comp: _____

H. Pension or Military Pay: Yes ____ No ____ If yes, \$_____ per month

Name of Household Member receiving military pay: _____

I. Self-Employment: Yes ____ No ____ **If yes, please submit Self Employment Verification, along with Schedule C of your most recent Income Tax Return**

J. Worker's Comp: Yes ____ No ____ If yes, \$_____ per month/week

List Source of Worker's Comp and Address: _____

Name of Household Member receiving Worker's Comp: _____

Contributions from Friends or Relatives: Yes ____ No ____ If yes, \$_____ per month/week

3) **STUDENT STATUS**

Will ALL of the household members be full-time students during five calendar months in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

Yes ____ No ____

If yes, answer the following questions:

- Is any full-time student married and filing a joint tax return? Yes ____ No ____
- If yes, who? _____
- Is any student enrolled in a job-training program and receiving assistance under the Job Training Partnership Act? Yes ____ No ____ If yes, who? _____
- Is any full-time student a TANF or a Title IV recipient? Yes ____ No ____
- If yes, who? _____
- Is any full-time student a single parent living with her/his minor child who is not a dependent on another person's tax return? Yes ____ No ____



- If yes, who? _____
- Please list the school(s) attended by any household member(s) age(s) 18 years and older: _____

4) **ASSETS** – include savings & checking accounts, Certificates of Deposits, IRA, 401(K), Keogh Plans, Stocks, Bonds, Annuities, Mutual Funds, Trust Accounts, Life Insurance, etc.

Name and Address of Bank	Type of Account & Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

HAS ANY HOUSEHOLD MEMBER SOLD OR DISPOSED OF ANY ASSETS IN THE LAST TWO YEARS? Yes ____ No ____

If yes, please describe the asset: _____

Date of Disposition: _____ **Amount Disposed: \$** _____

Does any household member have any other assets not listed above (such as Real Estate)?
 Yes ____ No ____ If yes, please list:

5) **CHILD CARE EXPENSES (Section 8 only)**

Child Care Provider(s) Name(s) & Address(es): _____

Phone #(s) _____

Name(s) of Child(ren) Attending: _____



Number of hours child(ren) attend weekly: _____

Amount you pay weekly for child-care services \$ _____

If SRS pays a portion of the child-care, what is the amount? \$ _____

7) **MEDICAL EXPENSES (Section 8 only)** (If Head of Household or Spouse is 62 years of age or older – or disabled – list any anticipated expenses that you will pay for directly during the coming year; prescriptions, doctor bills, hearing aids, dentures, eyeglasses, health insurance, Medicare deductibles, etc.) **You must provide verification source if you want it considered.**

<u>Medical Need</u>	<u>Frequency</u>	<u>Cost Per Month/Year</u>	<u>Provider & Address</u>

(List any additional expenses on a separate piece of paper).

I CERTIFY THAT THE INFORMATION I/WE HAVE PROVIDED IS TRUE AND COMPLETE. THE INFORMATION WAS PROVIDED THROUGH MY CONSENT AND REFLECTS ALL KNOWN SOURCES OF MY INCOME AND ASSETS. I UNDERSTAND THAT MAKING FALSE STATEMENTS IS A BREACH OF MY LEASE AND MAY SUBJECT ME TO CRIMINAL PENALTIES.

Signature of Head of Household

Date

Signature of Co-Head

Date

Signature of Other Adult Household Member

Date

Signature of Other Adult Household Member

Date