



**RECERTIFICATION FORM**

**HomeBase**

(To be completed and signed by the head of household)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION**

List all persons living in your unit 50% or more of the time (use the back of this sheet if necessary)

<u>NAME: LAST, FIRST</u>	<u>DATE OF BIRTH</u> (MONTH /DAY/YEAR)	<u>RELATION TO HEAD OF HOUSEHOLD</u>	<u>SEX</u> <u>RACE</u> (PLEASE CIRCLE THE PROPER CATEGORY FROM BELOW)*	<u>ETHNICITY</u>	<u>SOCIAL SECURITY NUMBER: LAST FOUR DIGITS</u>
1.	/ /	HEAD	M F	H NH	1 2 3 4 5
2.	/ /		M F	H NH	1 2 3 4 5
3.	/ /		M F	H NH	1 2 3 4 5
4.	/ /		M F	H NH	1 2 3 4 5
5.	/ /		M F	H NH	1 2 3 4 5
6.	/ /		M F	H NH	1 2 3 4 5
7.	/ /		M F	H NH	1 2 3 4 5
8.	/ /		M F	H NH	1 2 3 4 5
9.	/ /		M F	H NH	1 2 3 4 5
10.	/ /		M F	H NH	1 2 3 4 5

List any additional members on the back of form, giving same information

\*Sex Categories: M = Male F = Female

\*Ethnicity Categories: H= Hispanic NH= Non Hispanic.

\*Race Categories: 1=White, 2=Black/African American, 3=American Indian/Alaska Native, 4=Asian, 5=Native Hawaiian/Other Pacific Islander

**II. HOUSEHOLD INCOME**

List all income for all family members. Income includes wages, welfare assistance, child support, social security benefits (SS, SSI, SSDI), veterans benefits, unemployment compensation, retirement/pension.

	<u>Household Member &amp; Source or Type of Income</u>	<u>Amount</u>	<u>Weekly, Bi-Weekly, Monthly</u>
1.	Head:	\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	
7.		\$	

8.		\$	
9.		\$	
	<b>Household Member &amp; Source or Type of Income</b>	<b>Amount</b>	<b>Weekly, Bi-Weekly, Monthly</b>
10.		\$	
		\$	
		\$	
		\$	
		\$	

### III. HOUSEHOLD ASSETS

List all bank accounts for all family members (checking, savings, certificates of deposit, individual retirement accounts, stocks, bonds, property, trust funds, etc.)

Bank Name & Account Number	Description	Value

I hereby certify that the above information on household composition, income, and assets is complete, true and correct to the best of my knowledge. I understand that giving false statements or information can be grounds for termination of HomeBASE Program assistance and for punishment under state and federal laws.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**This section is to be filled out by Agency staff:**

**INCOME**

Does any member of the household 18 years of age or older have wages including base pay, overtime, commissions, tips, bonus or shift differentials?

Yes\_\_\_ No\_\_\_

Does any member of the household receive income from any of the following sources (circle the source)?

Welfare Assistance    Unemployment Compensation    Workers Compensation    Veterans Benefits

Supplemental Security Income (SSI)    Social Security (SS or SSDI)    Child Support    Alimony

Other\_\_\_\_\_

**ASSETS**

Does any member of the household have the following assets (circle the asset)?

Savings/Checking Account    Stocks or Bonds    Property    IRA/Keough    Trust Fund    Other\_\_\_\_\_

Has any family business or asset been disposed of for less than fair market value within the past two (2) years?

Yes\_\_\_ No\_\_\_

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«USER FIELD Staff Name»

«USER FIELD Staff Title»

Date: \_\_\_\_\_