

Recertification Questionnaire – Section 42

Date:
Name:

400 E Centennial Dr. Apt. # _____
Oak Creek, WI 53154

Complete the following information for your household and bring this questionnaire to your recertification meeting.

A. Household information

1. List all members of the household.

Name (first and last name)	Relationship	Date of birth	Social security number
	Head		

2. Additional Household Information

	Yes	No
Are any household members temporarily absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any household members permanently absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Foster Children or Foster Adults who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are there any Live-In Care attendants who are part of the household? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
STUDENT INFORMATION: Are any members of the household enrolled as a student at an Institution of higher education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? If yes, list names of household members: _____	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do any students receive financial assistance (grants/scholarships)? If yes, list ALL forms of financial assistance being received or to be received (Federal Pell Grant, Teach Grant, Work Study, Federal Perkins loans, Tribal Grants, monies from business entities or the college/university/ tech school itself etc.): _____	<input type="checkbox"/>	<input type="checkbox"/>
What is the TOTAL cost of tuition, books, room & board, supplies: \$ _____ What is the TOTAL received in grants/scholarships? \$ _____		
Has the employment status of any household member(s) changed? If yes, list the member name(s) and the type of change (include the employer's name): _____	<input type="checkbox"/>	<input type="checkbox"/>

B. Income and Assets Enter the amount received or the asset value for all questions that you answer Yes.

1. **Do you receive or expect to receive any sources of FIXED INCOME:**

	Yes	No	Amount
Wages, salaries (including overtime, tips, bonuses, and self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	
Does any member work for someone who pays them cash? (Report all cash income)	<input type="checkbox"/>	<input type="checkbox"/>	
Regular pay as a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	
VA Benefits or VA Aid & Attendance? Specify which: _____	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Severance Pay <input type="checkbox"/> Workers Compensation? (If yes, check which one)	<input type="checkbox"/>	<input type="checkbox"/>	

1. Do you receive or expect to receive any sources of FIXED INCOME :	Yes	No	Amount
Public Assistance (welfare)? If yes, please list amount received in the last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	
Periodic Payments from Long-Term Insurance, Disability or Death Benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Assistance with Utilities? (Other than HUD, HHS, Solar Credit)	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security? <input type="checkbox"/> Regular SS <input type="checkbox"/> SSI (Disability) <input type="checkbox"/> Dual Entitlement (If yes, check which one)	<input type="checkbox"/>	<input type="checkbox"/>	
Are you a Rep Payee receiving Social Security or SS Disability for someone else?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have income paid directly to a rep payee or someone outside of the unit?	<input type="checkbox"/>	<input type="checkbox"/>	
Pensions (Employer Based and/or Survivor)? If yes, what company? _____	<input type="checkbox"/>	<input type="checkbox"/>	
Retirement benefits with a systematic, periodic distribution (incl. RMD's)? (If yes, check which one) <input type="checkbox"/> IRA <input type="checkbox"/> 401K <input type="checkbox"/> 403b <input type="checkbox"/> Other _____ AND what Company? _____	<input type="checkbox"/>	<input type="checkbox"/>	
Regular Periodic Payments from an Annuity? If yes, what company? _____	<input type="checkbox"/>	<input type="checkbox"/>	
Income from being a seasonal worker, independent contractor or day laborer?	<input type="checkbox"/>	<input type="checkbox"/>	

2. Do you receive or expect to receive any sources of NON FIXED INCOME :	Yes	No	Amount
Income from Gig Source: <input type="checkbox"/> Uber, <input type="checkbox"/> Lyft, <input type="checkbox"/> DoorDash, <input type="checkbox"/> Rover <input type="checkbox"/> Other: _____ (If yes, check which one)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Child Support or <input type="checkbox"/> Alimony? (If yes, check which one)	<input type="checkbox"/>	<input type="checkbox"/>	
Life insurance dividends paid to you by check? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/>	<input type="checkbox"/>	
Asset (stocks, annuities, etc.) dividends paid to you by check? <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/>	<input type="checkbox"/>	
Regular cash contributions or gifts from individuals not living in the unit or organizations such as churches to help pay for rent, utilities, other bills, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Monetary or in-kind donations to your household?	<input type="checkbox"/>	<input type="checkbox"/>	
Contributions to or from a Crowdfunding account (ex. GoFund Me, Kickstarter Accts)	<input type="checkbox"/>	<input type="checkbox"/>	
Other income sources? If yes, please list type:	<input type="checkbox"/>	<input type="checkbox"/>	

3. Have you received or expect to receive any " LUMP SUM " payments such as:	Yes	No	Amount
<input type="checkbox"/> Inheritances or <input type="checkbox"/> lottery winnings? (If yes, check which one)	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance settlements for health, accident, Workers Compensation, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Capital gains?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security back payments, SSI back payments, unemployment compensation, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you received a federal tax refund or tax credit in the last year? (Provide tax record)	<input type="checkbox"/>	<input type="checkbox"/>	
Other? (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

4. Do you have money in: (Please Write in Where These Accts. Are Held)	Yes	No	Value
Checking accounts? <i>Bank(s) Where Held:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Savings accounts? <i>Bank(s) Where Held:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Money Market accounts? <i>Bank(s) Where Held:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Peer-to-Peer Accounts Holding Funds: <input type="checkbox"/> Venmo <input type="checkbox"/> PayPal <input type="checkbox"/> Apple Pay <input type="checkbox"/> Zelle <input type="checkbox"/> Other _____ (If yes, check which one)	<input type="checkbox"/>	<input type="checkbox"/>	
Direct Express Card or Other Benefit Card?	<input type="checkbox"/>	<input type="checkbox"/>	
Deed of Trust/LOan (you loaned someone money & they are paying you back with or without interest)	<input type="checkbox"/>	<input type="checkbox"/>	
Cash or Safety Deposit box holding cash? (self-affidavit)	<input type="checkbox"/>	<input type="checkbox"/>	

5. Do you have money in Investments: (Please Write Where Accts are Held)

	Yes	No	Value
Certificates of Deposit (CD)? If yes, where held: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities? If yes, where held: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Mutual Funds? If yes, where held: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Revocable Trusts? (Irrevocable trusts are excluded)	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, do you receive payment from the principal of the trust?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, do you have control of trust? If no, who does? _____	<input type="checkbox"/>	<input type="checkbox"/>	
Special Needs Trust Controlled by someone in household?	<input type="checkbox"/>	<input type="checkbox"/>	
IRA (Traditional, Roth), <input type="checkbox"/> 401K <input type="checkbox"/> 403b <input type="checkbox"/> Keogh <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list where retirement account(s) is held: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any distributions being taken from any of these accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, state amount \$ _____	<input type="checkbox"/>	<input type="checkbox"/>	
Investment accounts which include stocks, bonds and other like investments?	<input type="checkbox"/>	<input type="checkbox"/>	
Bonds? What type: _____ (Baby Bonds are an exclusion)	<input type="checkbox"/>	<input type="checkbox"/>	
Whole Life or Universal Life Insurance? (Term is an exclusion)	<input type="checkbox"/>	<input type="checkbox"/>	
Investments in Precious Metals including Gold, Silver, Copper, etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Cryptocurrency (ex. Bitcoin, Altcoins, Crypto coins, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Crowd Funding account (i.e. GoFundMe, Kickstarter etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Other Investments? If yes, please list: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any collections such as coin, stamps, antiques, cars, valuable jewelry or gems, or any other items held as an investment? (excludes wedding rings and other personal jewelry): _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have RECREATIONAL items (sport vehicle, boats, motorhome, jet skis, snow mobiles) If yes, describe recreational item: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have HOBBY items (video game systems, musical instruments, circuit machines etc.) If yes, describe hobby item: _____	<input type="checkbox"/>	<input type="checkbox"/>	

REAL ESTATE:

Do you own a home or dwelling suitable for occupancy & where a household member has present ownership interest in and the effective legal authority to sell?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, is the property jointly owned w/another individual not living with you?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, why are you choosing not to live in this home? Explain: _____	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive rental income from a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own real property <u>not used</u> for a business that a family member has legal authority to sell? (i.e. land, additional home)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own real property <u>used</u> for a business that a family has legal authority to sell?	<input type="checkbox"/>	<input type="checkbox"/>	

Have you disposed of any assets for less than Fair Market Value in the past two years?

<p>If yes:</p> <input type="checkbox"/> Cash Contributions or Gifts (To Individuals, churches, charities) <input type="checkbox"/> Property Sold for Less Than Fair Market Value <i>(This identifies property that was given away/sold for substantially less than current real estate market would bear such as a Quit Claim)</i> <input type="checkbox"/> Trust/Savings/Investment Accounts Opened for Another Person <input type="checkbox"/> Transfer of Assets for Free or For Less Than Market Value <input type="checkbox"/> Other: _____	<p>Date Disposed Of:</p> _____ _____ _____ _____ _____	<p>Amount:</p> \$ _____ \$ _____ \$ _____ \$ _____ \$ _____
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JOINT HOLDER INFORMATION:	Yes	No	Value
Are any of the assets listed above held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>	
• If yes, is the asset owned by both parties?	<input type="checkbox"/>	<input type="checkbox"/>	
• If yes, is the asset 100% owned by you and jointly held only to assist you with finances/emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	
• If yes, list the assets that are jointly held and with whom:			

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Under penalties of perjury, I (we) certify that information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement. It is my (our) responsibility to report to management changes in income, assets, and/or family composition whenever they occur. Submitting false statements is punishable under Federal law.

Head of household

Date

Co-head of household

Date

Other household member

Date

Other household member

Date

For Office Use Only	
<i>Revised</i>	4/2024
<i>Revised</i>	9/19/2024
<i>Revised</i>	09/18/2025