



Recertification Form

As a recipient of TBRA assistance, you must fill out this form as part of your recertification. You must meet with your Case Manager to complete this form. Please supply the information requested below:

Name: _____

Contact Phone Number: _____

Address: _____

Please fill out the following chart as accurately as possible. Be sure to include **all individuals** living in your unit. Income from any of the following sources must be included: Social Security, Welfare Assistance such as TANF, employment wages (excluding children under 18), interest, dividends and disability payments.

The following people reside at the above address and have the following income:

Name/relationship	Date of Birth	Social Security Number	*Income/Assets Source	**Income dollar amount & frequency/Assets value
Head of Household /self				

***DOCUMENTATION OF ALL REPORTED INCOME AND ASSETS MUST ACCOMPANY THIS FORM.** Examples of documentation include: a Social Security Award Letter, pay check stubs, annuity income statements, etc.

**Income frequency should be listed as “once a week,” “every 2 weeks,” “once a month” or however it may apply.



Please provide your Case Manager's name, agency, and phone number:

Case Manager's name: _____

Agency name: _____ Phone number: _____

Your Case Manager must attach the following to this form (check the boxes below to indicate these are attached):

- A letter verifying current case management
- An updated Service Plan or Treatment Plan no older than one year

Please understand that these are program requirements for continued rental assistance.

Please sign in the box below.

The information provided above is true and complete to the best of my knowledge. I understand that false or misleading information could result in the loss of rental assistance.

Signature

Date

If you have questions or need assistance with this form, call: [Agency Phone]