



# The Housing Authority of the City of Fort Pierce

## INTERIM REDETERMINATION

Resident Name: \_\_\_\_\_ Address: \_\_\_\_\_

Current Family Composition: \_\_\_\_\_

Change Reason:  Income Increase       Addition of Family Member  
 Income Decrease       Deletion of Family Member  
 Other: \_\_\_\_\_

Details of Change as indicated above:  
\_\_\_\_\_

Resident Signature: \_\_\_\_\_

I certify the information given is true. I understand false statements are grounds for termination of Lease and/or retroactive charge.  
**All changes must be reported within ten (10) working days.**

Date Reported: \_\_\_\_\_ Phone Number: (    )    -    \*\*\*\*\*

### *OFFICE USE ONLY*

Attach Calculator Tape Here	<b>Determinations</b>			
Previous Net Income:	\$		Previous Rent:	\$
New Net Income:	\$		New Rent:	\$
Effective Date:				
Retro-active Charge:	\$		Credit:	\$
Submitted By:				
Date Completed:				



# The Housing Authority of the City of Fort Pierce

## PERSONAL DECLARATION

This form must be completed in your OWN HANDWRITING – PLEASE PRINT. You must use the legal name for each member of your household as it appears on the Social Security card. **ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN PAGE 2 OF THIS FORM CERTIFYING THE ACCURACY OF THE INFORMATION PERTAINING TO THEM.**

### 1. FAMILY COMPOSITION - LIST ALL PERSONS WHO WILL BE LIVING IN YOUR HOME

- List Head of Household First
- Indicate Marital Status as: [M] Married [W] Widow(er) [D] Divorced

Adult Names	Date of Birth	Social Security #	Relation to Head	Occupation	Marital Status
1)					
2)					
3)					

Children Names	Date of Birth	Relation to Head	School Name	Name & Address of Absent Parent
1)				
2)				
3)				
4)				
5)				
6)				
7)				

If separated / divorced, list information for (ex)spouse:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 SS# \_\_\_\_\_

List below the "Next of Kin"  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

2. **TOTAL HOUSEHOLD INCOME:** List all earned or received money by each household member. This includes money from employment, self employment, Child Support, money contributions, Social Security, SSI, Workers' Compensation, retirement benefits, Temporary Assistance for Needy Families (TANF), Veteran's benefits (VA), rental property income, stock dividends, bank accounts interest, alimony, and any other sources(s).

**LIST INCOME AMOUNTS RECEIVED:** Do not leave any empty spaces; use "NA" for none. Failure to report all income will result in termination. Wages earned as a result of obtaining employment after twelve (12) consecutive months of no employment; or new or increased earnings during participation in an economic self-

sufficiency or job training program; or new or increased earnings during or within six (6) months of receiving TANF can result in an Earned Income Disallowance (EID) opportunity which allows residents to go back to work without having their rent increased right away. Please list all household income. If you fail to report qualifying earned income timely, the EID opportunity will be forfeited. Use another form for additional income.

<b>PRINT THE DOLLAR AMOUNT OF INCOME SOURCE(S) BEING RECEIVED</b>							
Household Member	Total Weekly Wages	Previously Unemployed for 12 Months or more or recent high school graduate or Date of TANF Award?	TANF	Child Support	Social Security/SSI/VA Benefit	Food Stamps	Other Income
<b>Head</b>							

**3. ASSETS:**

Do you or does any household member own or receive interest for real estate, boats, or mobile homes?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you sold any real estate in the past two years?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any savings accounts?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide:		Bank Name	Account Number	Amount \$	
Do you own a car?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, provide:		Model	Year	Tag No.	
Have you or has any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:					
Have you or has anyone in your household ever been arrested, charged or convicted of any crime other than traffic violations?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:					
Have you ever committed any fraud in a Federal Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such housing program?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, explain:					

**I do hereby swear and certify that all information pertaining to me on this form is true and accurate. I also understand that all changes in the income of any member of the household as well as ANY changes in the household members must be reported IN WRITING to the Housing Authority WITHIN TEN (10) DAYS.**

_____ Signature of Head of Household	_____ Date	_____ Signature of Spouse	_____ Date
_____ Signature of Other Adult	_____ Date	_____ Signature of Other Adult	_____ Date
_____ Housing Authority Representative	_____ Date		

**WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**



# The Housing Authority of the City of Fort Pierce

## ALLOWANCE CHECKLIST

**INSTRUCTIONS:** At the certification and recertification interviews, the head of household should answer the questions below about Allowances and sign the certification statement.

**Family Member Name**

**Date Verified**

1. **Dependent Deduction**

Do you have any household members, **other than?**  
**Head, spouse, foster children, and live-in attendants**

Who are under age 18?  Yes  No \_\_\_\_\_

18 or older and either a full-time student or  
Disabled?  Yes  No \_\_\_\_\_

If yes, list names of such family members.

_____	_____
_____	_____
_____	_____
_____	_____

2. **Child Care Allowance**

Is the family paying for care of children under?

Age 13 so an adult can work?  Yes  No \_\_\_\_\_

A family member can go to school?  Yes  No \_\_\_\_\_

If yes, list names of such family members.

_____	_____
_____	_____
_____	_____

**3. Disability Expense Allowance**

Is the family paying for care or apparatus for a Disabled Family member so that an adult family Member can work?  Yes

No \_\_\_\_\_

If yes, list family member for whom care/apparatus Is being provided.

\_\_\_\_\_

\_\_\_\_\_

**4. Elderly/ Disabled Household Allowance**

Is the head, spouse or sole member of the Household is 62 or older or disabled?  Yes

No \_\_\_\_\_

Does the household expect unreimbursed Medical expenses for the 12 months to be Covered by the certification?  Yes

No \_\_\_\_\_

If yes, list the household members with Unreimbursed medical expenses.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: List any optional PHA deductions here:**

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**TENANT’S CERTIFICATION:**

I hereby certify that I have answered the questions on this checklist truthfully and have no assets other than those claimed on this form.

Name of Head of Household (Please Print): \_\_\_\_\_

Signature (Head of Household): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (PHA Representative): \_\_\_\_\_ Date: \_\_\_\_\_



**The Housing Authority of the City of Fort Pierce**  
511 Orange Avenue, Fort Pierce, Florida 34950  
PH: (772) 429-6420 Fax: (772) 465-1880 TDD: (800) 545-1833 ext.902

**VERIFICATION OF INCOME FROM EMPLOYMENT**

Re: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Dear Sir/Madam:

We are required to verify the incomes of all family members living in or applying for Public Housing or Section 8 Housing. We ask your cooperation by supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and pledge to keep the data in strict confidence. We would greatly appreciate your prompt return of this letter by mail or fax. Note that the person referenced has authorized your release of the information. If you have any questions please call.

Sincerely, Debra Marotto Date \_\_\_\_\_

1. Employed Since: \_\_\_\_\_ Job Title: \_\_\_\_\_
2. Salary, Base Pay Rate: \$ \_\_\_\_\_ per hour \$ \_\_\_\_\_ per week \$ \_\_\_\_\_ per month
3. Average hours worked at Base Pay Rate: \_\_\_\_\_ hrs/week, or \_\_\_\_\_ hrs/month in year.
4. Is this person likely to get Overtime?  Yes  No If yes, Overtime Pay Rate \$ \_\_\_\_\_ Hr.
5. Average number of Overtime hours expected during the next 12 months: \_\_\_\_\_ Hrs/Month.
6. Any other compensation not listed above? Please specify for commissions, bonuses, tips, etc.? For: \_\_\_\_\_  
\$ \_\_\_\_\_ per \_\_\_\_\_
7. Is pay received for vacation?  Yes  No If yes, number of days/year: \_\_\_\_\_
8. Total Base Pay Earnings (for last 12 months): \$ \_\_\_\_\_ Total Overtime Earnings \$ \_\_\_\_\_

Firm Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**TENANT/APPLICANT RELEASE:** I, \_\_\_\_\_ hereby authorize the release of the requested information.

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



# The Housing Authority of the City of Fort Pierce

Public Housing  
511 Orange Avenue  
Fort Pierce, Florida 34950  
Phone (772) 461-7281 ~ Fax (772) 465-1880

Andrea Kochanowski  
Executive Director

## VERIFICATION OF PAST EMPLOYMENT

Re: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Dear Sir/Madam:

We are required to verify the incomes of all family members living in or applying for Public Housing or Section 8 Housing. We ask your cooperation in supplying the information requested below about the referenced person. We will use any information you provide only to determine the family's eligibility and rent, and will keep the data in strict confidence. We would greatly appreciate your prompt return of this letter by mail or fax. Note that the person referenced has authorized your release of the information.

Sincerely, \_\_\_\_\_ Date \_\_\_\_\_

1. Employee's Name: \_\_\_\_\_

2. Date(s) of Employment: \_\_\_\_\_

3. Termination/Layoff Date: \_\_\_\_\_

4. Reason for Termination: \_\_\_\_\_

5. Are there plans for this employee to return to work?  Yes  No

6. Wages Earned \$ \_\_\_\_\_ per week Total Wages Earned \$ \_\_\_\_\_ (Please attach a wage printout)

Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Company's Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

### TENANT/APPLICANT RELEASE:

I, \_\_\_\_\_ hereby authorize the release of the required information.

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



# The Housing Authority of the City of Fort Pierce

## ANNUAL INCOME CHECKLIST

**INSTRUCTIONS:** At the certification and recertification interviews, the head of household should answer the questions below about Annual Income and sign the certification statement.

<u>Family Member Name</u>	<u>Income Amount</u>	<u>Date Verified</u>
1. Will any household member(s) be receiving any type of income from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) of such family members Who will receive employment income.		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
2. Will any household member(s) be receiving income From a family-operated business or be otherwise Self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) of such family members who will receive income from self-employment.		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
3. Will anyone in the household receive Social Security or SSI Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) of such recipients.		
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____



4. Will anyone in the household receive periodic payments from Annuities, Insurance policies, Retirement funds, Pensions, Disability or Death benefits, or other similar Amounts?  Yes  No

If yes, list names of recipients.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

5. Will anyone in the household be receiving Public Assistance benefits?  Yes  No

If yes, list names of recipients.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

6. Will anyone in the household be receive Unemployment Compensation, Disability Compensation, Worker's Compensation or Severance pay?  Yes  No

If yes, list names of recipients.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

7. Will anyone in the household be receiving Alimony or Child Support payments?  Yes  No

If yes, list names of recipients.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

8. Will anyone in the household be receiving income from Assets?  Yes  No

If yes, list names of recipients.

\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

9. Is any household member, 18 or older, receiving pay as a member of the Armed Services?  Yes  No  
If yes, list names of recipients.

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

10. Is any household member receiving Lottery winnings, Paid periodically?  Yes  No

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

11. Is any household member receiving recurring monetary Contributions or other gifts or payments from a non-Household member?  Yes  No  
If yes, list names of recipients.

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

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**TENANT'S CERTIFICATION:**

I hereby certify that I have answered the questions on this checklist truthfully and have no income other than those claimed on this form.

Name of Head of Household (Please Print): \_\_\_\_\_

Signature (Head of Household): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (PHA Representative): \_\_\_\_\_ Date: \_\_\_\_\_



# The Housing Authority of the City of Fort Pierce

## ALLOWANCE CHECKLIST

**INSTRUCTIONS:** At the certification and recertification interviews, the head of household should answer the questions below about Allowances and sign the certification statement.

### Family Member Name

### Date Verified

1. **Dependent Deduction**

Do you have any household members, **other than?**  
**Head, spouse, foster children, and live-in attendants**

Who are under age 18?

Yes

No

\_\_\_\_\_

18 or older and either a full-time student or  
Disabled?

Yes

No

\_\_\_\_\_

If yes, list names of such family members.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Child Care Allowance**

Is the family paying for care of children under?

Age 13 so an adult can work?

Yes

No

\_\_\_\_\_

A family member can go to school?

Yes

No

\_\_\_\_\_

If yes, list names of such family members.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Disability Expense Allowance**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note: List any optional PHA deductions here:**

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**TENANT’S CERTIFICATION:**

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Name of Head of Household (Please Print): \_\_\_\_\_

Signature (Head of Household): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (PHA Representative): \_\_\_\_\_ Date: \_\_\_\_\_