

LAC COURTE OREILLES HOUSING AUTHORITY RECERTIFICATION

MOVE-IN INTERIM BIENNIAL ANNUAL (TC)

RESIDENT'S NAME _____ DATE _____

ADDRESS _____ TELEPHONE# _____

DATE OF ADMISSION _____ BEDROOM SIZE _____ PROJECT & UNIT # _____

I. FAMILY COMPOSITION Add other members on the back

Name of Family Members	Relationship	Birthdate	Sex	Social Security Number
1	Head of Household			
2				
3				
4				
5				
6				
7				
8				
9				

II. HOUSEHOLD INCOME

Name of Family Member	Source of Income	Amount	Annual Amount

* If Interim, reason: _____

III. PAYMENT CALCULATION (for Office Use Only)

<p>ANNUAL INCOME:</p> <p>Earned/Unearned Income of Head _____</p> <p>Earned/Unearned Income of Others _____</p> <p style="padding-left: 40px;">Other Income _____</p> <p style="text-align: right;">GROSS INCOME \$ _____</p> <p>80% Median Income Limit \$ _____</p> <p>Deductions:</p> <p>Minors X \$480 _____</p> <p>Child Care _____</p> <p>Mileage (____ miles/week) _____</p> <p>Child Support _____</p> <p>Other Deductions _____</p> <p>Excess Medical (3%) _____</p> <p>Elderly Deductions:</p> <p>\$400 elderly/disabled family _____</p> <p>TOTAL DEDUCTIONS \$ _____</p>	<p>GROSS INCOME</p> <p>minus TOTAL DEDUCTIONS: \$ _____</p> <p style="padding-left: 40px;">+12 = Adjusted Income: _____</p> <p style="padding-left: 40px;">X 9% = Gross Monthly Payments: _____</p> <p style="padding-left: 40px;">Minimum Rent: _____</p> <p style="padding-left: 40px;">Flat Rate Rent: _____</p> <p style="padding-left: 40px;">Max Ceiling Rent Payment _____</p> <p style="padding-left: 40px;">+ Utilities Included _____</p> <p>OVER 80% INCOME CALCULATION:</p> <p style="text-align: center;">_____ / _____ X \$ _____</p> <p style="padding-left: 20px;">Income ÷ 80% Median Income x Ceiling Rent</p> <p>TOTAL MONTHLY PAYMENT \$ _____</p> <p>Effective Date of Change _____</p> <p style="padding-left: 40px;">Date Calculated _____</p> <p style="padding-left: 40px;">Retroactive credit, if any _____</p>
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I certify that the information given is true and complete to the best of my knowledge. I authorize disclosure of information to the Lac Courte Oreilles Housing Authority regarding my household's income and composition in order to determine the level of assistance to be provided to our household. I understand that federal law makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

RESIDENT'S SIGNATURE _____ DATE _____

Interviewed by _____ DATE _____