



**MRVP/AHVP
FAMILY CERTIFICATION
FORM**

(TO BE COMPLETED AND SIGNED BY THE HEAD OF HOUSEHOLD WHO IS THE SUBSIDY HOLDER)

Name: _____ Address: _____
 Telephone: (____) _____ -- _____
 E-mail Address: _____

I. HOUSEHOLD COMPOSITION

List all persons living in your unit 50% or more of the time. If you need additional space, please attach another page.

NAME: LAST, FIRST,	DATE OF BIRTH (MONTH /DAY/YEAR)	RELATION TO HEAD OF HOUSEHOLD	SEX ETHNICITY RACE				SOCIAL SECURITY #	DISABLED
			M	F	H	NH		
1.		HEAD						<input type="checkbox"/> Yes <input type="checkbox"/> No
2.								<input type="checkbox"/> Yes <input type="checkbox"/> No
3.								<input type="checkbox"/> Yes <input type="checkbox"/> No
4.								<input type="checkbox"/> Yes <input type="checkbox"/> No
5.								<input type="checkbox"/> Yes <input type="checkbox"/> No
6.								<input type="checkbox"/> Yes <input type="checkbox"/> No
7.								<input type="checkbox"/> Yes <input type="checkbox"/> No
8.								<input type="checkbox"/> Yes <input type="checkbox"/> No

*SEX CATEGORIES: M = MALE F = FEMALE
 *ETHNICITY CATEGORIES: H=HISPANIC OR NH= NOT HISPANIC.
 *RACE CATEGORIES: 1=WHITE 2=BLACK 3=AMERICAN INDIAN 4=ASIAN/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, etc.

	Household Member & Source or Type of Income	Amount	Weekly, Bi-Weekly, Monthly
1.		\$	
2.		\$	
3.		\$	
4.		\$	
5.		\$	
6.		\$	

III. ASSETS

List all bank accounts for all family members (checking, savings, CD's, IRA's, stocks, bonds, property, etc.)

Bank Name & Account Number	Description	Value

Please see reverse side.

IV. CHILDCARE EXPENSES

List any childcare expenses paid for a child under the age of 13 so that an adult family member can work.

Child	Childcare Provider	Expense

V. FULL-TIME STUDENTS

List any household members age 18 or older that are full-time students.

Student	School	Anticipated Graduation Date

VI. MEDICAL EXPENSES

Please list any un-reimbursed medical expenses (prescription co-pays, doctor visit co-pays, insurance premiums, etc.).

Type of Expense	Amount	Frequency

VII. EMERGENCY CONTACT

In case of an emergency for you or a household member, whom should we contact?

 Name Relationship

 Address City State Zip Code

 Home Phone Other Phone

VIII. PARTICIPANT CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION ON HOUSEHOLD COMPOSITION, HOUSEHOLD 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 HOUSING ASSISTANCE AND FOR PUNISHMENT UNDER STATE LAW.

 Signature of Head of Household Date