



What To Submit For Your Eligibility/Annual Recertification (Checklist)

Carefully review and complete ALL enclosed forms and attach ALL required documents. Incomplete & missing paperwork will result in delays in processing your eligibility review.

You must sign that you have reviewed this form.

- Missoula Housing Authority Personal Declaration for Eligibility/Certification:** Fill out entire form (front and back) completely-do not leave any box or line blank. If something does not apply to you or another household member write "N/A" or "none" on the line or in the box. You and all household members who are 18 years of age or older must sign and date the form.
- Authorization for the Release of Information and Privacy Act Notice:** You and all household members 18 years of age or older must sign and date this form.
- Income Verification:** Report all sources of income for all household members, including, but not limited to:

<u>Type of Income</u>	<u>What to submit to Missoula Housing Authority</u>
Employment/Job Training (Wages)	Last six (6) months of paystubs.
Self Employment	A copy of most recent Federal 1040 with Schedule C.
Unemployment Benefits	Most recent weekly statement/payment history.
TANF & Child Support Supplemental	Most recent benefit award letter/print out.
Child Support	Child Support Enforcement Division (CSED) statement with all case numbers or if not through CSED, a statement from non-custodial parent or other agency. Must be current within 60 days of submission.
Social Security or SSI or SSDI	Most recent complete benefit award letter. https://www.socialsecurity.gov/
Veterans (V.A.) Benefits	Most recent complete benefit award letter. 1-800-827-1000
Worker's Compensation Benefits	A statement from insurance company, law firm, etc., which shows your awarded amount. Must be current within 60 days of submission.
Alimony	A copy of the court order or a statement with the amount and frequency.
Retirement Benefits/Annuities/Pensions	A statement from the account administrator verifying your gross monthly benefit. Must be current within 60 days of submission.
Trusts	Verification from the trust administrator verifying your gross monthly benefit. Must be current within 60 days of submission.



Regular Contributions/Gifts from Organizations or Individuals	For example, your brother gives you \$20.00 in groceries every week or your mom pays your phone bill every month. Provide a statement from the organization or individual. Must be current within 60 days of submission.
Students Status/Income	Verification of full or part time student status, financial aid, and/or non-work study student income.

- Asset Verification:** Assets include, but not limited to: checking accounts, saving accounts, certificates of deposit (CD), IRA's, bonds, trust funds, stocks, 401k, insurance policies, equity in real property, or other financial investments. You must provide the last six (6) months of statements of your assets.
- Expenses:** Eligibility for expenses and what to submit:

Out-of-Pocket Medical Expenses: Only eligible if head, co-head or spouse is elderly (62+) and/or disabled.	Complete the enclosed out of pocket medical forms. For over the counter medications we need most recent prescriptions from your doctor and 12 months of receipts with the medication circled. We cannot use unpaid medical bills as verification.
Out-of-Pocket Child Care Expenses: Only eligible if head, co-head or spouse is working, going to school, or seeking work and child is 12 years & younger.	Submit a statement from the provider of any child care cost you pay. We may contact your provider to verify your expense.
Disability Assistance Expenses:	If a member of your household (other than head or spouse) is disabled and you must pay out of pocket for expenses that are necessary to allow a family member to work: Submit verification of type of expense and payments you have made for the last 12 months.

CERTIFICATION: I have read all enclosed forms and I understand all changes to my household composition, income, or other circumstances that occur after I complete this form must be reported in writing to Missoula Housing Authority within ten (10) days of knowing about the change. I understand my eligibility for housing depends on my household's full completion of these forms as verified by Missoula Housing Authority. I certify this information is true and accurate and acknowledge that falsifying or manipulating information may result in denial or termination from the Missoula Housing Authority programs.

Head of Household signature

Date

Spouse or Co-head signature

Date