

SECTION 8 FAMILY CERTIFICATION FORM

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

NAME: _____ **TELEPHONE: (HOME)** _____

(OTHER) _____

ADDRESS:

FAMILY COMPOSITION: INCLUDE YOURSELF ON THE FIRST LINE.

Rel.	Name	SSN	Birthplace	Sex (M/F)	Date of Birth	Race	Ethn.	Income	
						(Indicate for each member)		Amount	Source
HOH						White, Black, Am. Indian, Alaskan, Asian, Pacific Islander	Hispanic Non-Hispanic		
						White, Black, Am. Indian, Alaskan, Asian, Pacific Islander	Hispanic Non-Hispanic		
						White, Black, Am. Indian, Alaskan, Asian, Pacific Islander	Hispanic Non-Hispanic		
						White, Black, Am. Indian, Alaskan, Asian, Pacific Islander	Hispanic Non-Hispanic		
						White, Black, Am. Indian, Alaskan, Asian, Pacific Islander	Hispanic Non-Hispanic		
						White, Black, Am. Indian, Alaskan, Asian, Pacific Islander	Hispanic Non-Hispanic		
						White, Black, Am. Indian, Alaskan, Asian, Pacific Islander	Hispanic Non-Hispanic		
						White, Black, Am. Indian, Alaskan, Asian, Pacific Islander	Hispanic Non-Hispanic		

LIST ADDITIONAL FAMILY MEMBERS ON THE BACK WITH SAME INFORMATION

Assets: List all assets owned, controlled or disposed of within the past 2 years for all family members.

Family Member	Source (Bank name)	Value

Expenses: List all deductible expenses for all family members.

Family Member	Source and Type: Medical Expenses, Childcare, Disability Expenses	Amount

HEAD OR SPOUSE 62 YEARS OR OLDER, OR ANY DISABLED, ELIGIBLE FOR SELF-PAID MEDICAL EXPENSES IN EXCESS OF 3% OF GROSS ANNUAL INCOME? Yes ___ No ___

IF YOU WORK OR ATTEND SCHOOL, DO YOU PAY FOR CHILD CARE FOR CHILDREN 12 YEARS AND/OR YOUNGER?

Yes ___ No ___ Cost: \$ _____ (Please provide verification of this expense.)

THE INFORMATION PROVIDED ON THIS FORM WILL BE VERIFIED BY THIS AGENCY USING COMPUTER MATCHING. IT WILL THEN BE ELECTRONICALLY TRANSMITTED TO HUD'S PIH INFORMATION CENTER. SEE FEDERAL PRIVACY ACT STATEMENT FOR MORE INFORMATION ON ITS USE.

I hereby certify that the above information on family composition, gross annual family income, net assets, and eligibility for deductions is complete, true and correct to the best of my knowledge.

SIGNATURE OF HEAD OF HOUSEHOLD X

Date _____