

This form can be filled and signed electronically.

MRVP Household Certification Form

Instructions: The Head of Household must complete and submit this form at the time of regular and, if required, interim recertification. Every item listed below must be completed on behalf of **every member of the household**. The form must be signed by the Head of Household.

Name _____ Telephone _____

Address _____

Email _____

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	Date of Birth	Relation to Head	Sex Ethnicity Race (Circle the proper category)			Social Security Number	Full-Time Student
			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			
1.		HEAD	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
8.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No

ETHNICITY: H=Hispanic or NH=Not Hispanic | Reporting race and ethnicity is not required and will not affect your subsidy amount.

DISABILITY

Are any household members disabled? Yes No This information will only be used to ensure you receive proper deductions.

HOUSEHOLD INCOME

List all income for all household 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
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

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ASSETS

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

Bank Name & Account Number	Description	Value
		\$
		\$
		\$

CHILDCARE EXPENSES

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

Child	Childcare Provider	Expense

CHILD SUPPORT EXPENSES

List any child support paid by a household member.

Household Member	Expenses

MEDICAL EXPENSES

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

Type of Expense	Amount	Frequency
	\$	
	\$	
	\$	

EDUCATIONAL EXPENSES

Please list any non-reimbursable payments of tuition and/or fees for vocationally related post-secondary education.

Household Member	Expenses

LANGUAGE

Do you understand and speak English? Yes No If no, what is your spoken language? _____

Do you understand and read English? Yes No If no, what is your written language? _____

CERTIFICATION

I hereby certify that the above information on household composition, income, assets, and expenses is complete, true, and correct to the best of my knowledge. I understand that giving false statements or information can be grounds for termination from the Massachusetts Rental Voucher Program and punishment under state law.

Signature of Head of Household

Date

This form can be filled and signed electronically.

I understand that this release is effective for 15 months from the date of signature. I have read and understand this form. A photocopy or digital copy of this release is as valid as the original.

Head of Household Printed Name

Head of Household Signature

Date

Other Adult Household Member

Other Adult Household Member Signature

Date

Other Adult Household Member

Other Adult Household Member Signature

Date

Other Adult Household Member

Other Adult Household Member Signature

Date

Other Adult Household Member

Other Adult Household Member Signature

Date

Commonwealth of Massachusetts
 Department of Housing and Community Development
Massachusetts Rental Voucher Program
ASSET SELF-ATTESTATION

Massachusetts Rental Voucher Program counts actual income from assets over \$5,000. If you have less than \$5,000 in assets, you may not be required to provide verification of your assets, such as bank statements.

Head of Household: _____

Is the value of all household assets more than \$5,000? Yes No

Regardless of value, please list the monetary amount of and actual income from all assets below.

Description	Asset Value	Actual Income
Checking accounts	\$	\$
Saving accounts	\$	\$
Stocks and/or bonds	\$	\$
Cash value of life insurance policies	\$	\$
Burial plots	\$	\$
Inheritances, lottery winnings, insurance settlements	\$	\$
Lump sum payments from legal claims	\$	\$
Cash value of trusts	\$	\$
IRA, Keough, or other retirement savings	\$	\$
Real property total equity	\$	\$
Personal property held as an investment, such as gems, jewelry, coins, antique cars	\$	\$
Assets disposed of at less than fair market value within past 2 years	\$	\$
Other:	\$	\$
Total	\$	\$

I certify to _____ (AA) that information given to DHCD on my household's assets is accurate and complete to the best of my knowledge and belief. I understand that false statements or information may result in investigation and possible prosecution for fraud and/or in the termination of my participation in the Massachusetts Rental Voucher Program.

Signed under the Pains and Penalties of Perjury.

 Signature of Head of Household*

 Date

*If typed, my typed name represents my signature.

The English version of this Asset Self-Attestation is the official version and must be signed.