

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

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BERKSHIRE HOUSING

1 Fenn Street, 3rd Fl, Pittsfield
PO Box 1180, Pittsfield MA 01202-1180
Tel. 413-499-1630 Fax. 413-496-9831
www.berkshirehousing.com

Authorization for the Release of Information

Signing this form gives the AA and/or DHCD permission to share your personal information. Your personal information will only be disclosed in accordance with this form and as required or allowed by law. Please read it carefully before signing it.

I understand that the personal information I provide through this release will be securely maintained in accordance with applicable law.

I authorize the AA and/or DHCD:

- to contact individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to determine my household's eligibility and to obtain and share information (by any means, including oral, written, electronic, facsimile or telephonic) regarding myself and my household members related to my MRVP Voucher, application, and supporting documents; and
- to verify the information regarding myself and my household members, including through wage matching, Criminal Offender Record Information (CORI), and Sex Offender Registry Information (SORI) requests.

I authorize any and all individuals, companies, agencies, offices of the state and federal governments, and their designated contractors, subcontractors, and agents to release any information regarding me and my household members to the AA and/or DHCD.

Shared and verified information may include, but is not limited to:

- biographic information (e.g. name, date of birth, social security number);
- demographic information (e.g., race, ethnicity, language); and
- information related to my application for, eligibility for, or participation in MRVP (such as income, employment, criminal history, assets, or any other information related to my housing subsidy).

In accordance with all applicable state laws including M.G.L. c. 62E, the AA and DHCD participate in the Massachusetts Wage Reporting System ("wage match"). The income reported by adult MRVP Applicants and Participants (18 years of age or older) shall be matched with wages reported by employers to the DOR. The AA and DHCD are asking all adult MRVP Participants to provide and verify their social security numbers for this purpose. I understand that failure to provide and verify social security numbers may result in my termination from the MRVP.

I agree to cooperate in requests to provide information to the AA and/or DHCD, and understand that my failure to do so may result in my termination, suspension, and/or repayment of assistance.

I will be notified in writing of actions taken against me because of information gained from verification processes, provided an opportunity to contest the actions, and given information on how to do so.

If I receive MRVP assistance and I am later determined to be ineligible for it, I may be fully liable for the value of the assistance received.

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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

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Name of Head of Household

MRVP STATEMENT OF FAMILY OBLIGATIONS

In order to become eligible and maintain eligibility for the Massachusetts Rental Voucher Program (hereafter MRVP), it is necessary that a participant family fulfill the obligations established by the Department of Housing and Community Development (hereafter DHCD). If a family violates any of these obligations, then the family can be terminated from the program. The obligations of the program are as follows:

The family shall:

1. Supply any certification, release, information, or documentation which the Metro Housing |Boston or DHCD determines to be necessary in the administration of the program, including use by Metro Housing |Boston for a regularly scheduled recertification or interim reexamination of the family's household income and composition in accordance with MRVP regulations;
2. Comply with all terms of the lease and MRVP lease addendum;
3. Notify Metro Housing|Boston and the owner in writing before moving out of the unit or terminating the lease; 60 days' notice is required prior to lease renewal date unless mutual consent is submitted;
4. Request Metro Housing|Boston's written approval to add any additional family members as an occupant of the unit;
5. Take all steps necessary to ensure that the unit continues to comply with Article II of the State Sanitary Code and any other local health ordinances, and is kept in a decent, safe, and sanitary condition. You should immediately notify the Owner or, if necessary, the local Board of Health when the unit is in need of repair or is in a condition which is not decent, safe, or sanitary.
6. Use the unit solely for residence by the family, and as the family's sole residence;
7. **Report changes in household income and/or household composition to Berkshire Housing within 30 days of the change. An addition of a household member**, other than through birth, adoption, or court ordered custody, must have prior approval.

The family shall not:

1. Own or have any financial interest in the unit occupied under MRVP;
2. Be absent from the unit, with all other Household members, for more than 30 days consecutively or collectively (in any 12 month period) or the unit will be considered abandoned;
3. Allow a guest to stay in the unit for more than 30 days during any 12 month period;
4. Commit fraud or knowingly make false statements in connection with MRVP;
5. Engage in violent criminal activity or other criminal acts which would interfere with the health, safety, security, or peaceful enjoyment of other tenants or have adversely affected the physical environment of the other tenants, including drug related crimes;
6. Terminate the lease prior to the lease expiration date without cause or mutual consent;
7. Sublease or transfer the unit or assign the lease;
8. Receive another housing subsidy for the same unit or for a different unit under any other federal, state, or local housing assistance program;
9. Pay a rental amount other than that amount agreed to and specified in the executed lease and subsequent amendments;
10. Commit a serious or repeated violation of the lease; be evicted by the Owner for cause or for breach of the terms of the lease
11. Engage in behavior that is considered threatening, abusive, and/or violent towards Berkshire Housing staff.

I HEREBY CERTIFY THAT I UNDERSTAND THE FAMILY OBLIGATIONS OF THE MRVP AND THAT A VIOLATION OF THESE OBLIGATIONS MAY RESULT IN TERMINATION FROM THE PROGRAM.

Signature of Head of Household

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.