

MRVP Household Certification Form

(To be completed 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 (Circle the proper category) | Ethnicity | Race | Social Security Number | Full-Time Student |
|------|---------------|------------------|--|---|------|------------------------|---|
| 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 |

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 |
|---|--------|----------------------------|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

Please see reverse side.

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



Statement of No Income Form

TO BE FILLED OUT ONLY IF YOU DO NOT HAVE AN INCOME

Date: _____

I, _____ have not received any income
(Printed Name)

since _____.

Please list how you pay the following (example: "my mother pays")

Rent: _____

Food: _____

Car Insurance: _____

Utilities: _____

Signed under pains and penalties of perjury:

(Signature)

State of Massachusetts

County of Bristol

On this _____ day of _____, 20 _____, before me the undersigned notary public,
personally appeared _____, proved to me through satisfactory
evidence of identification, which were, _____, to be the person whose
name is signed on the preceding or attached document, and who acknowledged to me that (he)
(she) signed it voluntarily for its stated purpose.

(official signature and seal of notary)

My commission expires _____