



We know the way home.

405 SW 6th St
 Redmond, OR 97756
 Phone: 541-923-1018
 Fax: 541-923-6441

Recertification Checklist

Please include copies of the following items: **** IF THEY APPLY TO YOU****

IF YOU HAVE THIS...

PROVIDE COPIES OF THIS...

<input type="checkbox"/> Checking, <input type="checkbox"/> Savings, <input type="checkbox"/> Money Market, <input type="checkbox"/> 401K, <input type="checkbox"/> "Cash Value" Life Insurance Policy or <input type="checkbox"/> any other banking asset.	2 months of current bank statements for all accounts. Current account page for other assets.
<input type="checkbox"/> Income from a Job, <input type="checkbox"/> Unemployment, <input type="checkbox"/> Child Support, <input type="checkbox"/> Social Security, <input type="checkbox"/> Pension, <input type="checkbox"/> Trust accounts, <input type="checkbox"/> Family Support paid to you, <input type="checkbox"/> any other income for the household...	2 months of your most recent paycheck stubs, copy of benefit award for unemployment, Social Security, Pension or Trust account, Child Support case # or 12 month print out of account from Division of Child Support or signed statement from parent providing support, signed statement from Family member providing support.
<input type="checkbox"/> Self Employed or <input type="checkbox"/> Own Business	copy of last year's federal income tax forms
<input type="checkbox"/> Enrolled in School	copy of current financial aid award letter and enrollment showing your credit hours
<input type="checkbox"/> If you pay for child care and are employed or attend school	(3) most recent receipts or canceled checks for child care or a statement from your child care provider. Make sure to include complete name, address, and phone number of the child care provider.
<input type="checkbox"/> If you are 62+ or are disabled and are reporting Medical Expenses	Provide current printouts from your medical providers that show your out of pocket medical expenses for the next 12 months (i.e. doctor visit co-pays, prescriptions, insurance premiums)
<input type="checkbox"/> If you have a documented disability and have a reasonable accommodation for an extra bedroom for medical equipment or a live in aid.	Provide a letter from a knowledgeable professional indicating the need for this accommodation. (You must send one in every year.) Also, complete a request for Reasonable Accommodation Form. Please call us at 541-923-1018 so one may be mailed out to you.
<input type="checkbox"/> If you have someone that handles your case or would like us to share information regarding your housing with a representative.	Provide a Representative Release Form to Housing Works before any information can be share with someone else.

If you need assistance with the Annual Re-Certification packet, contact your Housing Specialist. For individuals requiring telecommunication assistance, please call Qwest Center for Customers with Disabilities toll free at 1.800.224.1111. If you have a disability and need a reasonable accommodation please contact Housing Works at 541-923-1018.

Thank you for helping us to serve you better.

Sincerely,

The Housing Choice Voucher Team