



We know the way home.

## For your Annual Recertification

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 <b>or</b> <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...	(6) 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	(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 pay for child care <b>and</b> 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+ <b>or</b> are disabled and are reporting Medical Expenses	Provide current printouts from your medical providers that show your out of pocket medical expenses in the last 12 months ( i.e. doctor visit co-pays prescriptions, insurance premiums )

If you need assistance with the Annual Re-Certification packet, contact your Housing Specialist. For individuals requiring telecommunication assistance, please call Qwest services for customers with disabilities, toll free at 1.800.223.3131

Thank you for helping us to serve you better.

\*If you have a disability and need a reasonable accommodation please contact Housing Works at 541-923-1018.

Sincerely,

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