



Main Office:
 405 SW 6th Street
 Redmond, OR 97756
 P) 541-923-1018
 F) 541-923-6441
 Text only 541-286-5562
 Hours: Mon to Thurs, 8am to 5pm
 Closed Friday

Bend Satellite Office:
 2017 NE Full Moon Dr., Suite 100
 Bend, OR 97701
 P) 458-281-0813
 F) 458-281-0815
 Text only 541-286-5562
 Hours: Tue, Wed, Thurs, 9am to 4pm
 Closed Monday & Friday

Recertification Checklist

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

IF YOU HAVE THIS...



PROVIDE COPIES OF THIS...



<input type="checkbox"/> Checking, <input type="checkbox"/> Savings, <input type="checkbox"/> Relia card, <input type="checkbox"/> Direct Express card, <input type="checkbox"/> Prepaid Debit card, <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.	Current end of the month bank statement or online e-statement for ALL accounts showing ALL of the following: your <u>name</u> , <u>account balance</u> , <u>bank or financial institution name</u> , and <u>date</u> .
<input type="checkbox"/> Income from a Job, Includes any minors in household <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...	<ul style="list-style-type: none"> • Two(2) of your most recent paycheck stubs for employment • copy of benefit award for unemployment • Social Security Award letter (dated no older than 60 days) • Pension or Trust account (dated no older than 60 days) • Child Support 12 month print out of account from Division of Child Support or signed statement from parent providing support, signed statement from Family member providing the support.
<input type="checkbox"/> Self Employed or <input type="checkbox"/> Own Business	Copy of last year's federal income tax forms or complete the Self Employment Income form
<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 childcare 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 statements from your medical providers that show your ongoing out of pocket medical expenses for a 12 month period. (i.e. doctor visit co-pays, prescriptions, insurance premiums)
<input type="checkbox"/> If you have a documented disability and need a reasonable accommodation for an extra bedroom for medical equipment or a live in aid.	Provide Reasonable Accommodation Request Form along with letter from a knowledgeable professional on letterhead indicating the need for this accommodation. (Notes on prescription pads will not be accepted and you must send one in every year for continued accommodation)
<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 shared 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 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 form please contact Housing Works at 541-923-1018 or visit www.oregonhousingworks.org *****

Sincerely,

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