

Forms are available on our website, www.CharterOakCommunities.org,
Under the Housing Choice Voucher Program/Forms tab, *or you may visit our office.*

YOU MUST SUBMIT THE FOLLOWING DOCUMENTS ALONG WITH YOUR MAIL-IN RECERTIFICATION:

INCOME:

Wages: Last four (4) current and consecutive pay stubs & **Copy of last years' tax return with W-2**

Self Employment: Copy of last years' tax return along with notarized statement itemizing income and expenses

Child Support/Alimony:

- Court Ordered - Copy of Court Order or Print-Out dated within 60 days of your appointment
- Non-Court Ordered - Notarized Support Contribution Form

State Assistance, Food Stamps, Unemployment, Veterans Benefits, Workers Compensation, and Pension:

- Computer Printout or Benefit Letter dated within 60 days of your appointment

Social Security Benefits:

- Computer Printout or Benefit Letter dated within 60 days of your appointment **Cash Contribution Form:**
- Notarized Cash contribution Form

No Income Affidavit Form:

- Family member(s) 18 years of age or older who are not employed or receiving any type of income

Full Time Student Letter:

- Letter from educational institute for family members 18 years of age or older who are full time students

ASSETS:

***Please bring documentation of any new or closed accounts within the last 12 months.**

- **Savings:** Updated bankbook or recent statement
- **Checking:** Last three (3) statements
- **Credit Union:** Most recent statement/documentation of the amount of shares
- **Dividends:** Monthly or quarterly stub, copy of check or 1099 from last year
- **Real Estate:** Verification of market value

EXPENSES:

Child Care Expense: (For children under 13 years of age)

- Non-Notarized Child Care Form-this form is used for child care facilities
- Notarized Child Care Form-this form is used for home care

MEDICAL:

(For households who are 62 years of age or older and/or disabled)

- Insurance Premiums-billing and proof of payment is required
- Prescriptions-cancelled checks, receipts, or printouts
- Doctor Bills-doctors you visit on a regular basis (proof of payment and any amounts that were **not covered by your insurance**)
- Auxiliary Apparatus-includes wheelchairs, ramps, adaptations, to vehicles special equipment to enable a blind person to read, or type etc.