

Forms are available on our website, [www.CharterOakCommunities.org](http://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 year's Taxes & W2s for each adult**

- If unable to provide taxes & W2s, you must contact the IRS and request an *IRS Tax Transcript* by calling 1-800-908-9946 or log on to <https://www.irs.gov/individuals/get-transcript>
- *If you did not file taxes*, you must obtain the **Verification of Non-Filing** from the IRS as noted above.

**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:**

- Current Enrollment Verification Certificate or Letter from educational institute for family members 18 years of age or older who are **full-time** students

**ASSETS:** (Required for each account owned by each household member)

- **Savings:** recent statement or updated bankbook
- **Checking:** Last three (3) statements
- **Credit Union:** Most recent statement/documentation of the amount of shares
- **Stock Dividends:** Monthly or quarterly stub, copy of check or 1099 from last year
- **Real Estate:** Verification of market value
- **401K / Annuities:** Quarterly statements
- **Life Insurance:** Last three (3) statements

**\*If an account was closed or opened within the last 12 months you must provide documentation from financial institution informing open or close date and account number**

**EXPENSES:** **Child Care Expense: (For children 12 years of age and under)**

- 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.