

MRVP Household Certification Form

(To be completed by the Head of Household)

Name _____ Telephone _____

Address _____

Email _____

HOUSEHOLD COMPOSITION

List all persons living in your unit 50% or more of the time. If you need additional space, please attach another page.

Name	Date of Birth	Relation to Head	Sex	Ethnicity	Race	Social Security Number	Full-Time Student
			(Circle the proper category)				
1.		HEAD	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
5.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
6.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No
7.			<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> H <input type="checkbox"/> NH			<input type="checkbox"/> Yes <input type="checkbox"/> No

ETHNICITY: H=Hispanic or NH=Not Hispanic | Reporting race and ethnicity is not required and will not affect your subsidy amount.

DISABILITY

Are any household members disabled? Yes No This information will only be used to ensure you receive proper deductions.

HOUSEHOLD INCOME

List all income for all household members. Income includes wages, welfare assistance, child support, social security benefits (SS, SSI, SSDI), veterans benefits, unemployment compensation, retirement/pension, etc.

Household Member & Source or Type of Income	Amount	Weekly, Bi-Weekly, Monthly
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Please see reverse side.

ASSETS

List all bank accounts for all household members (checking, savings, CD's, IRA's, stocks, bonds, property, etc.)

Bank Name & Account Number	Description	Value
		\$
		\$
		\$

CHILDCARE EXPENSES

List any childcare expenses paid for a child under the age of 13 so that an adult household member can work.

Child	Childcare Provider	Expense

CHILD SUPPORT EXPENSES

List any child support paid by a household member.

Household Member	Expenses

MEDICAL EXPENSES

Please list any un-reimbursed medical expenses (prescription co-pays, doctor visit co-pays, insurance premiums, etc.).

Type of Expense	Amount	Frequency
	\$	
	\$	
	\$	
	\$	

EDUCATIONAL EXPENSES

Please list any non-reimbursable payments of tuition and/or fees for vocationally related post-secondary education.

Household Member	Expenses

LANGUAGE

Do you understand and speak English? Yes No If no, what is your spoken language? _____

Do you understand and read English? Yes No If no, what is your written language? _____

CERTIFICATION

I hereby certify that the above information on household composition, income, assets, and expenses is complete, true, and correct to the best of my knowledge. I understand that giving false statements or information can be grounds for termination from the Massachusetts Rental Voucher Program and punishment under state law.

Signature of Head of Household

Date