

**NOTICE TO PARTICIPANT THAT RECERTIFICATION IS DUE.  
PLEASE BRING THE FOLLOWING DOCUMENTATION TO YOUR  
APPOINTMENT!**

**PROOF OF INCOME:**

**PUBLIC AID:** PRINTED STATEMENT OR CANCELLATION LETTER

**EMPLOYMENT:** EMPLOYERS NAME AND ADDRESS

**UNEMPLOYMENT:** AWARD LETTER, CURRENT STUB, OR EXHAUST LETTER

**CHILD SUPPORT:** NOTORIZED LETTER FROM PROVIDER IF NOT THROUGH COURT ORDER

**DCFS:** STATEMENT OF INCOME, NAME AND NUMBER OF CASE WORKER

**SSI/SOCIAL SECURITY:** AWARD LETTER OR CURRENT STATEMENT

**PROOF OF ASSETS:**

**(SAVINGS, CHECKING, STOCKS, BONDS, PROPERTY, IRAS,  
MUTUAL FUNDS, ANNUITIES, TRUSTS, INHERITANCES, SETTLEMENTS):**  
MOST RECENT MONTHLY STATEMENTS OR LETTERS FROM BANK STATING  
CURRENT BALANCE AND ANNUAL INTEREST RATE OR BANK/PASS BOOK

**OTHER VERIFICATION DOCUMENTS:**

ORIGINAL BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS OF ALL  
FAMILY MEMBERS

**FULL TIME STUDENT STATUS (FOR STUDENTS 18 YRS AND OLDER):** NAME  
ADRESS OF REGISTRAR'S OFFICE OR ADMISSIONS OFFICE

**MEDICAL DEDUCTION (FOR HOUSEHOLDS WHERE HEAD OR SPOUSE IS  
62+ OR A PERSON WITH DISABILITIES):** PRINTOUT FROM PHARMACY OF  
YEARLY OUT OF POCKET EXPENSES AND/OR NAME AND ADDRESS OF  
PHYSICIAN WHERE MEDICAL VISITS ANTICIPATED

**IF YOU CLAIM ZERO INCOME:**

YOU MUST BRING VERIFICATION OF LOSS OF INCOME SOURCES  
(TERMINATION LETTER ETC.) THAT WERE PREVIOUSLY COUNTED.

IF SOMEONE ELSE IS ASSISTING WITH CASH OR PAYMENTS: NAME AND  
ADDRESS OF PERSON PROVIDING ASSISTANCE AND A NOTORIZED  
LETTER FROM SAID PERSON DETAILING AMOUNT GIVEN

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR HOUSING  
SPECIALIST 847-742-3853**