Hammond Housing Authority

REQUIRED INTAKE AND RECERTIFICATION DOCUMENTATION

To complete your **INTAKE OR RECERTIFICATION** you must upload the **required** documentation for all family members. **Documentation and/or verification of income must be dated within the past sixty (60) days!**

EMPLOYMENT

- Self-Employment *(1040 Tax Forms)- last 3 years*
- Wages from Employment *(4-6 Check Stubs for each employer)*
  - Overtime Pay — Commissions
  - Fee or Tips — Bonuses
  - Workers Compensation — Severance/Termination Pay
- Wages from Federal Government Employment *(4-6 Check Stubs)*
- Wages from Public Housing Authority Employment *(4-6 Check Stubs)*
- Unemployment Compensation *(4-6 history statements)*
- Military / Reserve Pay *(4-6 Check Stubs)*

WELFARE

- TANF *(Current Printout, all pages)*
- Food Stamps *(Current Printout, all pages)*

- Pension or Retirement Benefits *(4-6 Check Stubs or Current Statement)*
- SSI *(Current Printout, all pages)*
- SS *(Current Printout, all pages)*
- Child Support *(4-6 Check Stubs / Current Printout)*

OTHER

- Medical Reimbursements *(Check Stub / Statement)*
- Foster Care Payments *(4-6 Check Stubs / Statement)*
- Adoption Assistance Payments *(4-6 Check Stubs / Statement)*
- Work Study Employment *(Statement from Employer)*
- Student Financial Assistance *(Statement)*
- Scholarships *(Statement)*
- Energy Assistance Payments *(Statement)*
- Agent Orange Settlements *(Check Stub / Statement)*
- Earned Income Credit *(Tax Return)*

FOR ELDERLY AND/OR DISABLED FAMILIES ONLY

In order to receive a medical deduction, you MUST upload the following:

- Copies of receipts / printouts / cancelled checks showing PAYMENTS on medical bills
- Printout for prescriptions for the past year *(individual receipts NOT acceptable)*
- Proof of amount paid for Medicare Deduction *(on Social Security printout)*
- Proof of amount paid for Medicare prescription drug plan *(on Social Security printout)*
- Health Insurance Payments *(Cancelled Checks / Statement / Payment Book)*

ASSETS

- Copy of most recent Bank Statement *(for each household members -all pages You may need to contact bank on back of **cash transfer cards** account to obtain print out)*
- Stocks, Bonds, Trusts, and Other Investments *(statement of value of investment and information) Certificate of Deposits, IRA, KEOGH accounts and 401 K etc.*
- Life Insurance Policies *(all pages)*

INFORMATION ABOUT FAMILY MEMBERS

- Birth certificates (all are required at Intake and when adding a new family member)
- Social Security Card (all are Intake and when adding a new family member)
- Current Drives License and/or Identification Card for all members over the age of 18

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EXPENSES

- Childcare expenses (**only applies to payment that are not reimbursed by an agency or individual**). Must have complete statement, including name, address, telephone number of child care provider.
- Disability expenses – must have complete statement, including name, address, telephone number of provider.

UTLIITY EXPENSE

- NIPSCO - must be uploaded if you are currently leased under our voucher (all recertifications) **unless your landlord included this amount in your monthly rent.**
- Water/ Sewer- must be uploaded if you are currently leased under our voucher (all recertifications) **unless your landlord included this amount in your monthly rent.**

FULL or PART TIME STUDENTS

- 18 + (**family member)**
  - Copy of Class Schedule
  - Name of School
    - Contact information
- 18+ **(applicant)**
  - Proof of Enrollment
  - Name of School
    - Contact information
    - Tuition Cost
    - Grants Scholarship/ Awards (full statement)

For applicants ONLY - All pages of the lease are required! Or a notarized statement from the HOMEOWNER NOT RENTER!