

Each resident living in USDA Rural Development Housing must complete an annual recertification of income regardless of subsidy receipt. Please complete the following recertification questionnaire fully and accurately. Failure to return the completed recertification packet is material non compliance of your lease.

Social Security Administration will not provide verification of Social Security, Supplemental Security Income (SSI) and Retirement Survivors Disability Insurance (RSDI) benefits. You must provide a current copy of your benefits statement to our office.

If you have any questions, please contact Coni at 417.532.4501.

Translations provided by Google Translate, Van Binsbergen and Associates, Inc cannot verify accuracy.

**English**

This is an important document. If you cannot read English, you should have it translated.

**Spanish**

Este es un documento importante. Si usted no puede leer Inglés, usted debe haber que traducir.

**Somali**

Tani waa dokumenti muhiim ah. Haddii aad waxba ma aan akhriyi karo Ingiriisi, waa in aad u tarjumay.

**Loa**

ນີ້ ເປັນ ໜ້າ ສຳຄັນ ທີ່ ສຳຄັນ. ຖ້າ ທ່ານ ກວ່າ ທ່ານ ບໍ່ ສາມາດ ອ່ານ ພາສາ ອັງກິດ, ທ່ານ ຄວນ ຈະ ມີ ມັນ ແປ.

**Vietnamese**

Đây là một tài liệu quan trọng. Nếu bạn không thể đọc được tiếng Anh, bạn cần phải có nó dịch.

**Hmong**

Qhov no yog ib qho tseem ceeb daim ntawv no. Yog hais tias koj nyeem tsis tau ntawv Askiv, koj yuav tsum tau kom muab txhais.

**Khmer**

នេះគឺជាឯកសារសំខាន់ៗ ប្រសិនបើអ្នកមិនអាចអានភាសាអង់គ្លេសបានអ្នកគួរតែវាបានបកប្រែ។



It is time to complete your recertification for your home and remain in compliance with the USDA Rural Development program. Please keep in mind, our office requires time to process your recertification & your prompt response is necessitated.

*If you have any questions, please contact Coni at 417.532.4501 or our Minnesota office at 320-269-6640.*

**Return completed, signed and dated paperwork to:**

**Van Binsbergen & Associates - Satellite Office**

**PO Box 730**

**Lebanon, MO 65536**

**Phone/Fax: 417.532.4501**

**Email: ksrecert@vanbllc.com**

**OFFICE USE ONLY**

Date Received

Time Received

NAME			
ADDRESS			
CITY		STATE	ZIP
PHONE		CELL	
EMAIL			

\_\_\_\_\_ **SOCIAL SECURITY RECIPIENTS** must provide a copy of your current benefit statement or award letter to our office. If you do not have a copy of your current letter, you can contact your local Social Security office to request one or you can also visit the Social Security website, create an account, and get your new letter online.

**WEBSITE:** <http://www.socialsecurity.gov/>

\_\_\_\_\_ **PENSION/ANNUITY RECIPIENTS** must provide a copy of your current benefit amount, by annual or quarterly statement or recent tax document.

\_\_\_\_\_ **UNEMPLOYMENT BENEFITS** verification must be supplied by the resident in the form of a printout from the Kansas Unemployment Benefits website located at <https://www.getkansasbenefits.gov/Home.aspx>. These printouts must show resident's name, benefit amounts, dates received, and date printed. If you are receiving or will be receiving benefits, you should have the information needed to log into your account. You can also contact them by phone:

Kansas City: 913-596-3500

Topeka: 785-575-1460

Wichita: 316-383-9947

Toll-Free: 800-292-6333

**MEDICAL EXPENSE VERIFICATION FOR QUALIFYING RESIDENTS**

\_\_\_\_\_ **MEDICAL MILEAGE** claims must be supported by a print out from each doctor's office verifying appointment dates. Mileage will not be counted unless appointment dates are verified.

\_\_\_\_\_ **OVER THE COUNTER PRESCRIPTION** receipts must be supported by a written prescription from you doctor.

\_\_\_\_\_ **MEDICAL INSURANCE** providers such as Humana, Blue Cross Blue Shield, Silver Script, etc. can be slow to verify cost of premiums. To ensure inclusion of these medical deductions, residents can provide 4-6 payment coupons for proof of payments.

**IMPORTANT:**

The bottom section on page 3 of the recertification packet must be completed. This section provides our office with the contact information for any questions answered "yes" from questions 1-42. This section starts with the gray shaded box and is clearly labeled "DO NOT LEAVE THIS SECTION BLANK."



Equal Housing Opportunity

Van Binsbergen & Associates, Inc. is an Equal Opportunity Provider, and Employer. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 Or call (202) 720-6382 (Voice and TDD).

# Household Questionnaire

<b>Certification Effective Date:</b> <input type="checkbox"/> Move-in _____ <input type="checkbox"/> Initial Cert _____ <input type="checkbox"/> Recertification _____ <input type="checkbox"/> Add a Member _____	<b>Household certifying for the following program(s):</b> <input type="checkbox"/> Section 8 <input type="checkbox"/> NHTF <input type="checkbox"/> Housing Tax Credit <input type="checkbox"/> HOME <input type="checkbox"/> Section 236 <input type="checkbox"/> Other _____	<b>Date and Time Rec'd:</b> _____ <b>Rent Amount:</b> \$ _____
--	---	---

Property Name \_\_\_\_\_ Bldg/Unit # \_\_\_\_\_

### Household Composition

Applicants/residents, complete this application in your own handwriting. List all persons who will be living in the unit. Give the relationship of each family member to the head of household. If this eligibility application is being completed by an applicant who is applying for occupancy with an existing household, only include the information for the new applicant. **Each household member age 18 years or older and under age 18 if head, spouse, or co-head of household must disclose income and assets and sign and date this application.**

	Household Member's Name	Relationship	Date of Birth	Has/Will this person be a student* during this and/or the upcoming calendar year? YES/NO	Social Security Number
1		HEAD			
2					
3					
4					
5					
6					
7					
8					

\* Include public and private elementary, junior & senior high, college, university, technical, trade, and mechanical schools. Do not include on-the-job training courses.

### Household Income

List current and anticipated income for the twelve-month period beginning on the anticipated move-in date or effective date of recertification. **Include all full time, part time or seasonal income even if completing this application in the off-season.**

#### DOES ANY MEMBER RECEIVE OR EXPECT TO RECEIVE

(Check YES or NO to each item, as applicable, and include gross monthly amount. List sources on page 2.):

	YES	NO		Gross Monthly Amount
			1. Wages, salaries (include overtime, tips, bonuses, commissions, etc.) . . . . .	\$
			2. Does any member work for someone who pays them in cash, is self-employed or does "app" or "gig" work.	\$
			3. Regular pay for a member of the armed forces . . . . .	\$
			4. Public Assistance (MFIP, GA, MSA) <b>Benefits are received by (circle one)</b> direct deposit check cash card	\$
			5. Worker's compensation . . . . .	\$
			6. Unemployment benefits or severance pay . . . . .	\$
			7. Student financial assistance (public or private, not including student loans) . . . . .	\$
			8. Child support (check yes if you have a court order, even if you are not receiving the full amount awarded) .	\$
			9. Alimony/Spousal Maintenance . . . . .	\$
			10. Social Security income (including unearned income of minor children) . . . . .	\$
			11. Disability benefits including social security disability . . . . .	\$
			12. Regular payments from pensions (PERA, railroad, etc.) . . . . .	\$
			13. Regular payments from retirement benefits . . . . .	\$
			14. Death Benefits . . . . .	\$
			15. Regular payments from annuities or life insurance dividends . . . . .	\$
			16. Regular payments from inheritance, insurance settlement, lottery winnings, etc. . . . .	\$
			17. Net income from rental property . . . . .	\$
			18. Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies or individuals not living in the unit (not including groceries). . . . .	\$
			19. Are any changes to income expected within the next 12 months due to a raise, bonus or other reason?	\$
			20. Other (list) _____	\$

# Household Questionnaire

## Household Assets

YES	NO	DOES ANY HOUSEHOLD MEMBER (INCLUDING CHILDREN) HAVE MONEY HELD IN:	Current Balance
<input type="checkbox"/>	<input type="checkbox"/>	21. Checking Accounts . . . . . (6 month average balance)	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	22. Savings Accounts . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	23. Cash cards used to receive government benefits or other income . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	24. Online donation accounts such as GoFundMe, Kickstarter, Fundly, local bank, etc. . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	25. US Savings Bonds . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	26. Trusts* . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	27. Securities . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	28. Whole or Universal Life Insurance Policy (do not include term life insurance) . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	29. 401K* . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	30. IRA/KEOGH Accounts . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	31. Certificates of Deposit . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	32. Pension/Retirement/Annuity or Health Savings Accounts. . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	33. Money Market or Mutual Funds . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	34. Treasury Bills . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	35. Stocks . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	36. Lump Sum Payment (i.e., inheritance, insurance settlement, lottery winnings, capital gains) . . . . .	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	37. Are any accounts held jointly with someone not in the unit? Which account and with whom? _____	
<input type="checkbox"/>	<input type="checkbox"/>	38. Other _____	

\*Include Trusts, 401K, etc., only if the accounts are accessible to the household prior to termination of employment, retirement, or death. If you are unsure, list the account and it will be verified.

YES	NO	Value
<input type="checkbox"/>	<input type="checkbox"/>	39. Do you now own a home or other real estate? . . . . . \$ _____ If yes, list address(es): _____
<input type="checkbox"/>	<input type="checkbox"/>	40. Do you receive payments for a home you sold by contract for deed? . . . . . \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	41. Do you have any coin collections, antique cars, gems/jewelry, stamps or any other items . . . . . \$ _____ held as an investment (wedding rings and personal jewelry do not count)?
<input type="checkbox"/>	<input type="checkbox"/>	42. Are any assets held jointly with another person? List person and asset(s). _____
		<b>Enter combined cash value of all household assets</b> \$ _____

### DO NOT LEAVE THIS SECTION BLANK.

From 1-42, **income and assets** above, provide contact information for all "YES" checked items. All information must be verified. (If a household member has more than one source of income and/or asset, use a separate line for each source. Use additional sheets, if necessary.)

Item Number	HH Member	Name and mailing address of income or asset source and educational institution for household members age 18 or older.	Contact name and phone/fax/email

Please attach documentation available to verify income (e.g., divorce/settlement papers, tax returns, social security benefit award letter, etc.).

**DAYCARE:**

Do you have child care expenses for child/ren under age 13 because you work, are actively seeking employment or attending school? If yes, list name and address of provider: \_\_\_\_\_

Is any portion paid by another person or agency? If yes, list contact information of agency: \_\_\_\_\_

COMPLETE THIS SECTION **ONLY** IF HEAD OF HOUSEHOLD, CO-HEAD, OR SPOUSE ARE AT LEAST 62 YEARS OR OLDER OR HANDICAPPED OR DISABLED.

EXPENSE	NAME	YES	NO	AMOUNT	CONTACT INFORMATION
MEDICARE PART A					Name: _____ Phone Number: _____
MEDICARE PART B					Name: _____ Phone Number: _____
MEDICARE PART C					Name: _____ Phone Number: _____
HEALTH INSURANCE Provide copy of monthly premium					Name: _____ Phone Number: _____
OTHER MEDICAL HEALTH INSURANCE					Name: _____ Phone Number: _____
MEDICAL ASSISTANCE SPENDOWN					Name: _____ Phone Number: _____
OPTOMOLOGIST (Eyes)					Name: _____ Phone Number: _____
EYEGASSES/CONTACTS					Name: _____ Phone Number: _____
AUDIOLOGIST (Hearing)					Name: _____ Phone Number: _____
HEARING AIDS/BATTERIES					Name: _____ Phone Number: _____
DENTAL & DENTAL EXPENSES					Name: _____ Phone Number: _____
PRESCRIPTION MEDICATIONS					Name: _____ Phone Number: _____
NON-PRESCRIPTION MEDS -Must be verified w/physician -Resident must provide receipts					Name: _____ Phone Number: _____
HOME HEALTH CARE					Name: _____ Phone Number: _____
MEDICAL EQUIPMENT COSTS					Name: _____ Phone Number: _____
MEDICAL RELATED TRAVEL -Number of visits must be verified w/physician					Name: _____ Phone Number: _____

**PLEASE ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED.**

**PLEASE UPDATE YOUR EMERGENCY CONTACT:**

NAME			
ADDRESS			
CITY		STATE:	ZIP:
PHONE		CELL	
EMAIL		RELATIONSHIP:	

# Household Questionnaire

I/We hereby certify that I/We Have Have not sold or given away any assets for less than Fair Market Value during the two year (24 month) period preceding the date of this questionnaire. Any assets sold or disposed of for less than Fair Market Value must be identified below:

Household Member	Asset and Estimated Market Value	Date sold/disposed	Amount Received
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### ADDITIONAL INFORMATION

The following questions pertain to every member of the household. Check either **YES** or **NO** in response to each question. Add an explanation below for all items checked YES.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will any household member, including children, live in the unit on a less than full time basis?
<input type="checkbox"/>	<input type="checkbox"/>	Do you anticipate any change in your household (someone moving in or out) during the next 12 months?
<input type="checkbox"/>	<input type="checkbox"/>	Does any adult member of the household have zero income? If yes, name(s): _____
<input type="checkbox"/>	<input type="checkbox"/>	Does/will the household receive rent assistance? If so, indicate from what source (Section 8, Rural Development RA, etc.).
<input type="checkbox"/>	<input type="checkbox"/>	Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing or visual impairments?
Explanation: _____ _____ _____		

### SIGNATURES

I/we certify that the foregoing information is true and complete to the best of my/our knowledge, and authorize the Landlord to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation on this form might result in a default in the rental agreement and/or eviction of this household. If any of the aforementioned information changes, I/we agree to notify Landlord immediately.

Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Applicant/Resident Signature _____	Date _____
Head of household email address: _____	Phone: _____

**This applicant/resident required assistance in completing the Household Questionnaire due to:** \_\_\_\_\_

**Assistance was provided by:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# ANNUAL STUDENT CERTIFICATION

Effective Date: \_\_\_\_\_  
Move-in Date: \_\_\_\_\_  
(MM/DD/YYYY)


This Annual Student Certification is being delivered in connection with the undersigned's application/occupancy in the following apartment:

Head of Household Name: \_\_\_\_\_ Unit Number: \_\_\_\_\_  
Property Name \_\_\_\_\_ Building Address: \_\_\_\_\_

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

- A. \_\_\_\_\_ Household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked,  no further information is needed. Sign and date below.*
- B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a PART TIME student(s) who have not been/will not be a full time student for five months or more of the current and/or upcoming calendar year. *Verification of part-time student status is required for at least one occupant. If this item is checked, . Sign and date below. Verification of part time student status is required for at least one occupant.*
- C. \_\_\_\_\_ Household contains all students who were, are, or will be FULL-TIME students for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). *If this item is checked, questions 1-5, below **must be** completed:*

- |   |     |    |
|---|-----|----|
| 1. Is at least one student receiving Temporary Assistance to Needy Families (TANF), otherwise known as Minnesota Family Investment Program (MFIP)? (provide release of information for verification purposes)   | YES | NO |
| 2. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach verification of participation)   | YES | NO |
| 3. Is at least one student a single-parent with child(ren) <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? (attach student's and if applicable, divorce/custody decree or other parent's most recent tax return) | YES | NO |
| 4. Are the students married and entitled to file a joint tax return? (attach marriage certificate or tax return)  | YES | NO |
| 5. Does the household consist of at least one student who was under the care and placement responsibility of the state agency responsible for administering foster care? (provide verification of participation)  | YES | NO |

*Full-time student households that are income eligible and satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked **NO**, or verification does not support the exception indicated,  the household is considered ineligible.*

Under penalties of perjury, I/we certify that the information presented in this Annual Student Certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date.

_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

# TENANT RELEASE AND CONSENT

United States Department of Agriculture  
Rural Development & HUD

I/We, the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and/or assets to **Van Binsbergen & Associates** (Owner or Agent), for purposes of verifying information on my/our apartment rental application.

## INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identify; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

## GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers  
Veterans Administration  
State Unemployment Agencies  
Retirement Systems  
Banks/Other Financial Institutions  
Colleges & Universities

Welfare Agencies  
Previous Landlords (including public housing agencies)  
Social Security Administration  
Support and Alimony Providers  
Medical and Child Care Providers

## CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

## SIGNATURES

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date



"This institution is an Equal Opportunity Provider, and Employer."  
To file a complaint of discrimination write to USDA, Director, Office of Civil Rights,  
1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or  
call (800) 795-3272 (voice), or (202) 720-6382 (TTD).