



Harrison Housing Authority  
 202 W. Stephenson Harrison, AR 72601  
 Phone: 870-741-8673 Fax: 870-741-6369  
 contact@arkansasharrisonhousing.org



## REEXAMINATION FORM

1. Name of head of household: \_\_\_\_\_

2. Current Address, Street, Apt. # \_\_\_\_\_

Current City, State and Zip \_\_\_\_\_

Current Area Code, Home & Work Phone #s \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact:

Email  Phone  Mail

### Family Information

3. List all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). No one except those listed on this form may live in the unit.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time Student?
H					Head			
1								
2								
3								
4								
5								

### Family Income Information

4. Please list the source & amount of all income expected in the next 12 months for all family members. Include earnings and benefits received from TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount \$	Frequency - Per		
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year

5. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc?  
 Yes  No If yes, describe the type of asset(s) please: \_\_\_\_\_

What is the market value of all assets? \_\_\_\_\_

6. Do you own any real estate?  Yes  No If yes, what is the address? \_\_\_\_\_

7. Have you sold any real estate in the past two years?  Yes  No If yes, what was the address? \_\_\_\_\_

\_\_\_\_\_

### Deductions in Calculating Rent:

8. Is the head of household or spouse age 62 or older or a person with a disability?  Yes  No If yes, please answer the following questions. If no, please skip down to question # 14.
9. Does your household have any medical expenses ( include insurance, Medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)?  Yes  No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on medical expenses: Type of expense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Monthly medical expense: \$ \_\_\_\_\_ Name, address & phone # of someone who can verify the expense: \_\_\_\_\_  
\_\_\_\_\_
10. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work?  Yes  No If yes, describe the expense and monthly amount: \_\_\_\_\_  
Name, address & phone # of someone who can verify the expense: \_\_\_\_\_
11. Do you have childcare expenses for children under the age 13 so an adult in the family can work, go to school or attend job training?  Yes  No If yes, name, address and phone # of childcare provider: \_\_\_\_\_  
\_\_\_\_\_  
Monthly unreimbursed child care cost: \$ \_\_\_\_\_
12. Is any member of the household 18 or older or a full time student?  Yes  No or any family member with a disability?  Yes  No If yes, Name of the family member and the name and address of someone who can verify this information: Name of family member: \_\_\_\_\_  
Name, address & phone # of someone who can verify this information: \_\_\_\_\_  
\_\_\_\_\_
13. Does anyone not residing in your household claim any member of your household as a dependent on his/her income tax return?  Yes  No
14. Drivers License or State ID #: Applicant: \_\_\_\_\_ Co-applicant: \_\_\_\_\_  
Autmobile: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_
15. Has the citizenship or disability status of any household member changed since your last reexam?  Yes  No
16. Has anyone moved into or out of your household since your last reexam?  Yes  No
17. Are you adding a service or companion animal to your expenses?  Yes  No If yes, please provide proof of ownership and proof of all reasonable expenses.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Arkansas Health and Human Services Commission, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

\_\_\_\_\_  
Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date

**Warning:** 18 U.S.C 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.