



ANNUAL RECERTIFICATION PACKET

Certification Statement

Head of Household
and ALL Household members aged 18 and older
MUST Read, Sign, and Date Below

I have read the enclosed MHA annual recertification instructions, packet, forms, and notices. I have completed my recertification with the most recent information on my household's income, assets and family composition. I have/will upload/submit all of the required documents as listed on the Recertification Documents Submission Checklist. I understand that providing false information/statements to a government agency is punishable under federal law and may result in the termination of my participation in the Housing Choice Voucher Program. I further understand that MHA will verify my income information with a third party, such as the Enterprise Income Verification (EIV) database.

Head of Household Signature (Required)

Date (Required)

Spouse Signature (Required)

Date (Required)

Household Member Signature (Required)

Date (Required)

Household Member Signature (Required)

Date (Required)

Household Member Signature (Required)

Date (Required)

Household Member Signature (Required)

Date (Required)

Household Member Signature (Required)

Date (Required)