



Housing Choice Voucher Program

Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec

HCV Mail-In Reexamination Checklist

Client Name:

Date Mailed Out:

Client #:

Return By:

Please read all forms carefully. Please ensure all forms are complete and signed.

Note: Some forms are front and back

Complete and sign the following enclosed documents and return:

- Personal Declaration for Annual Reexamination
- HUD 92006 Supplement to Application
- Requirements for Participants - Family Obligation
- Reporting Changes in Between Annual Reexamination Policy
- HUD 9886 Authorization for Release
- CMHA Authorization for Release
- Asset Affidavit (if applicable)
- Live-In-Aide Acknowledgement Form (if applicable)

Please provide copies of all documents listed below that apply to your household. Documents must be dated within the previous 60 days. Please do not send original documents that you will need.

- Paystubs covering prior six (6) weeks for all employed household members (if applicable)
- Social Security/SSI award letter (if applicable)
- Pension/Retirement benefit statement (if applicable)
- VA/Military benefit statement (if applicable)
- Child Support &/or Alimony printout for the previous 90 days (if applicable)
- OWF award letter (if applicable)
- IRS tax transcripts if self-employed or requested (if applicable)
- Verification of all other household income not specifically listed (if applicable)
- Affidavit of assets if less than \$5,000 (if applicable)
- Bank statements for the previous six months for checking accounts (if applicable)
- Most recent bank statement for savings accounts (if applicable)
- Verification of all other assets held by all family members (if applicable)
- Verification of unreimbursed, out of pocket medical expenses (if applicable for households whose Head of Household is 62 years of age or older or disabled)
- Doctor statement of prescribed over-the-counter medications on letterhead (if applicable for households whose Head of Household is 62 years of age or older or disabled)
- Verification of childcare expenses (if applicable for dependents 12 years of age and younger)
- Other:

Housing Specialist:

Phone Number:

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Email Address: cmha.hcv@housing.systems	Main Number 833.378.2220	TTY: 800.750.0750 FAX: 877.424.1825