



INTERIM RECERTIFICATION INFORMATION FORM

YOU MUST SCAN AND UPLOAD, EMAIL, FAX (303-987-7693) OR PUT IN THE MWHS DROPBOX OUTSIDE OUR BUILDING THE VERIFICATION(S) NEEDED TO COMPLETE YOUR ONLINE CERTIFICATION.

What You Are Reporting	Verification Needed
NEW EMPLOYMENT/CHANGE OF EMPLOYMENT	<input type="checkbox"/> Completed Employment Verification form
EMPLOYMENT LOSS	<input type="checkbox"/> Completed Declaration of Employment Loss form or termination letter from employer
BENEFIT AMOUNT <input type="checkbox"/> Social Security/SSI/SSDI <input type="checkbox"/> TANF/AND/OAP <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's compensation <input type="checkbox"/> Veterans' benefits <input type="checkbox"/> Pension <input type="checkbox"/> Any other benefit	If you lost a benefit, provide: <input type="checkbox"/> Letter from the agency with the date of termination If you began receiving a benefit, provide: <input type="checkbox"/> Letter from the agency with start date and monthly amount
CHILD SUPPORT PAYMENTS	<input type="checkbox"/> 12 months print out from Family Support Registry <input type="checkbox"/> Notarized letter from person providing support stating start date or end date and monthly support amount
FULL-TIME STUDENT STATUS	<input type="checkbox"/> Completed Verification of Full-Time Student Status form
MONEY FROM FAMILY/FRIENDS	<input type="checkbox"/> Completed Non-Wage Income Verification form
ADDITION OF ADULT HOUSEHOLD MEMBERS	<input type="checkbox"/> Birth certificate and social security card and photo ID <input type="checkbox"/> Permanent residence card (if applicable) <input type="checkbox"/> Declaration of 214 status form <input type="checkbox"/> Letter from landlord stating approval of addition
REMOVAL OF ADULT HOUSEHOLD MEMBERS	<input type="checkbox"/> Letter from landlord stating that the household member is no longer living in the unit
ADDITION OF MINOR HOUSEHOLD MEMBERS	<input type="checkbox"/> Birth certificate and social security card <input type="checkbox"/> Declaration of 214 status form <input type="checkbox"/> Court Ordered Guardianship verification (if applicable)
REMOVAL OF MINOR HOUSEHOLD MEMBERS	<input type="checkbox"/> Written declaration

ALL HOUSEHOLD COMPOSITION AND/OR INCOME CHANGES MUST BE REPORTED ON RENT CAFÉ WITHIN 10 DAYS OF THE CHANGE

ALTERNATIVE FORMATS OF THIS DOCUMENT ARE AVAILABLE UPON REQUEST.

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