

WATERTOWN HOUSING AUTHORITY

EQUAL HOUSING OPPORTUNITY

55 WAVERLEY AVENUE
WATERTOWN, MASSACHUSETTS 02472-3613

[617] 923-3950 – Office
[617] 923.3961 – Maintenance

[617] 923.3954 – Leased Housing
[617] 923-2466 - FAX

Dear Resident,

Please be advised that your State-Aided Annual Recertification must be completed and returned to Watertown Housing Authority **ASAP.**

Annual Recertification effective date:

Please drop off or mail your **completed** re-certification package and supporting documentation to the Watertown Housing Authority located at: **55 WAVERLEY AVENUE WATERTOWN, MASSACHUSETTS 02472**

ALL TENANTS ARE REQUIRED BY THEIR LEASE & E.O.H.L.C. regulations to submit 2 consecutive months of COMPLETE bank statements for ALL ACCOUNTS held by adult members (18 years of age and older) of the household.

For purposes of redetermination of rent (and for determining continued eligibility and appropriateness of unit size), Tenant shall submit, within thirty (30) days after a request from LHA, signed, complete, and accurate statements and/or other information setting forth pertinent facts as to eligibility, income, exclusions, deductions, employment, and household composition of Tenant and Tenant's household. Tenant shall also provide authorization for LHA to obtain verification of such information from reliable sources with knowledge of the facts to ensure its accuracy.

Please note, not all items may be applicable to your household, submit documents dated within 120 days of 9/1/2023.

SOURCES OF INCOME AND WHAT IS REQUIRED

- **WAGES** 2 months of complete paystubs for all members over the age of 18.
- **SELF-EMPLOYED** prior years 1040 form complete with Schedule C
- **SOCIAL SECURITY** a printout from Social Security. This letter can take weeks so please call early! (1-800-772-1213). Usually in November/December a letter is mailed to every recipient starting the amount for the upcoming year. Hold on to this letter.
- **TRANSITIONAL ASSISTANCE** a printout from your local DTA office
- **PENSIONS** The most recent statement from the source of your pension or a 990 Form
- **VETERANS BENEFITS** a statement letter from the VA (617-541-8846)
- **AID FOR WATERTOWN VETERANS** a statement from the Watertown Veteran's affair office (617-972-6416)
- **WORKMEN'S COMPENSATION** a statement of monthly amount from insurance company
- **UNEMPLOYMENT** a statement of benefits from D.U.A you can request by calling (877-626-6800). Receipt of the letter can take several weeks

- **CHILD SUPPORT** a copy of court order, payment history or proof of payment
- **ASSETS** 2 most recent months of bank statements, trust fund, stock accounts, 401K statements, general investment accounts
- **OTHER** please call if you are receiving income from a source that is not listed above and I will let you know what documentation is necessary

CLAIMED DEDUCTIONS AND ACCEPTED DOCUMENTATION

IN ORDER TO RECEIVE ANY DEDUCTION(S), YOU MUST SUPPLY PROOF OF PAYMENT (not what is owed).

MEDICAL/DENTAL. This deduction includes insurance premiums, co-payments, eyeglasses, physical therapy, counseling, prescribed medical supplies, orthodontics, hearing aids and batteries, parking for medical appointments, prescriptions, and dental treatments. Your pharmacist, Doctors, Dentists, and therapists etc. can provide a printout of what you have paid during the time frame we are looking at. Eligible medical/dental deductions include the following:

Annual Recertification Effective Date:	Eligible Medical/Dental Timeframe: (Insurance = Current)
1/1/2024	7/1/22 – 6/30/23
4/1/2024	1/1/23 - 12/31/2023
7/1/2024	1/1/23 - 12/31/2023
10/1/2024	7/1/23 – 6/30/24

CHILD CARE EXPENSES. This deduction includes daycare, before and after school care, summer camps, school vacation care, early intervention and head start programs that a child is sent to so that a *parent can work*. To use this deduction, you must provide a statement of payment from all agencies providing care.

EDUCATIONAL EXPENSES. This deduction is for tenants over 18 years of age attending vocational training or specific college expenses for veterans for those who are not a full-time student. For those qualifying students, application, registration, tuition, books, and training materials that *are paid for by the tenant* may be deducted. To get credit under this deduction you must provide; current enrollment and proof of payment (you can get this at the Bursar’s Office). Verification can be provided by loan statements and cancelled checks.

CHILD SUPPORT/ALIMONY PAYMENTS. This deduction applies to a household member paying court ordered child support to a child not in their custody. To receive this deduction, you must submit a copy of the Court Order and cancelled checks proving payment.

DISABLED EXPENSES. This deduction applies to tenants receiving SSI/SSDI. It includes home maker services, home health aides, “The Ride” (to and from medical appointments), and care of a SERVICE animal. To claim this deduction, you must provide copies of receipts for all services being claimed.

GRIEVANCE PROCEDURE:

If a tenant files a grievance as to the amount of a redetermined rent within fourteen (14) days of the WHA's notice of the redetermined rent, the tenant shall continue to pay the rent then in effect (unless the redetermined rent is lower) until final disposition of the grievance. Upon final disposition of the grievance, the tenant shall pay any additional amounts determined to have been due but not paid since the effective date set out in the notice of redetermined rent or the WHA shall credit the tenant with any amounts paid but determined not to have been due.

WAGE MATCH:

The Watertown Housing Authority utilizes the Wage Match System to verify income. The information received from the Wage Match system will be reviewed by WHA to complete your recertification.

Please provide third party verification for all documents requested, self-certification will not be accepted.

APPLICATION FOR CONTINUED OCCUPANCY FORM – 667, 705, 200

(To be completed by head of household. Attach sheet(s) if necessary.)

Please complete all fields of the below rent calculation worksheet, if a field does not apply to your household enter 'N/A'.

1. Give the name and relationship to you of **ALL PERSONS LIVING IN YOUR HOUSEHOLD** and the exact date of birth. Please provide social security numbers so that all income amounts can be verified. Our use of the social security number is limited to income verification.

Members of Household	Relationship	Birth Date	Student/Work Status	Social Security No.
1. _____	HEAD	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____

2. Total Gross Income of your household from all sources:

- a. Annual Wages or Salary including self-employment and periodic income (example; Uber/Lyft, Door Dash); before deductions for income tax or social security:

<u>Household Member</u>	<u>Employer</u>	<u>Annual Earnings</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- b. Interest, Dividends (Form 1099) _____
 - c. Commissions, tips, bonuses & other income (Form 1099)

 - d. Net income, not less than 92% of gross receipts, from business or profession

(IRS Form 1040 and all schedules)
 - e. Pension, Annuity, Retirements _____
 - f. Alimony, Child Support, and Foster Care received _____
 - g. Unemployment and Disability Compensation _____
 - h. Social Security Benefits _____
 - i. Regular cash receipts from Public Assistance (TAFDC, General Relief) _____
 - j. G.I. Benefits – Type _____
 - k. Rental or any other income – Please specify _____
 - l. Service connected 100% disability or other service-related death benefits from U.S. Government

 - m. Regular allowances (lottery winnings) or Gifts from another person _____
3. Allowable Deductions from Gross Income Subject to Verification:
- a. Non-Reimbursable medical expenses over 3% of gross income (including medical insurance)

 - b. Care of children/sick persons necessary for employment _____
 - c. Child/spousal support payments made _____
 - d. Tuition and fees: vocationally related post-secondary education for members other than
“FTS” _____
 - e. Necessary handicapped homemaking or household expenses (for disabled individuals)

 - f. Special handicapped transportation costs _____

***Reminder, please ensure all above fields are completed and for all household members. If a field does not apply to your household enter ‘N/A’.**

The undersigned hereby certifies that the financial data (income and deductions) supplied by the tenant is timely and accurate in all respects. The undersigned understands that misrepresentation of these facts is grounds for eviction or termination.

SIGNED UNDER PAINS AND PENALTIES OF PERJURY.

DATE _____ SIGNATURE _____
(Head)

DATE _____ SIGNATURE _____
(Co-head)

DATE _____ SIGNATURE _____
(Other Adult)

DATE _____ SIGNATURE _____
(Other Adult)

UPDATED CONTACT INFORMATION:

Please provide your current phone number and email address

Head of Household Phone Number Head of Household Email Address

EMERGENCY CONTACT:

Emergency Contact is the individual who we will contact and give access to your apartment in the event of death, serious illness, or unavailability.

Emergency Contact Name Phone Number(s) Relationship

PET INFORMATION

Tenants are responsible for keeping management informed of any change of information and updated certificates annually. This is updating information ONLY; you are still required to complete application before a pet is permitted.

Name of Pet: _____
Species of Pet: _____
Gender: _____ Dog / cat licensing certificate: Yes No
Attending Veterinarian's name address and telephone number: _____

Name of Pet #2: _____
Species of Pet #2: _____
Gender #2: _____ Dog /cat licensing certificate #2: Yes No
Attending Veterinarian's name address and telephone number: _____

RENT ADJUSTMENTS

Interim Redetermination on Account of Decreased Income

➔ If tenants monthly gross household income **decreases**, rent will be redetermined so long as the tenant provides verification of the decrease. Any rent decrease will be effective on the first rent payment day after WHA receives reliable verification.

Interim Redeterminations on Account of Increased Income

➔ An **increase** of ten percent (10%) or more in Tenant's monthly gross household income requires a rent redetermination by WHA. Tenants are responsible for reporting any increase (including any changes in income, exclusions, and deductions) to WHA by the seventh (7th) day of the month following the increase together with authorization for verification. Self-certification will only be accepted if the tenant shows documented proof of attaining 3rd party verification.

Consequences of Nondisclosure or Misrepresentation of Income

➔ If Tenant misrepresents, fails to disclose, or fails to disclose in a timely manner pertinent information affecting the Tenant's net household income, Tenant shall pay to WHA any rent which should have been paid. Misrepresentation or nondisclosure will also constitute cause for termination of the lease

All lines must be completed in full.

