



Casa De Los Arcos Recertification Questionnaire

Unit Number _____

HOUSEHOLD SUMMARY INFORMATION

List each household member residing in the apartment.

Please complete and attach a separate Occupant Information Addendum for each household member regardless of age.

First Name	MI	Last Name	Relationship to Head of Household <i>Options: Spouse, Co-Head, Dependent, Live-in Aide, Foster Child/Adult, Other Family Member</i>	Are you enrolled as student at an institute of higher education?
			Head of Household	

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature

Date

Signature

Date

Signature

Date

Signature

Date

We do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, our federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. Federal civil rights laws addressing fair housing prohibit discrimination against applicants or tenants based on one or more of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, and familial status.