

ALL MISSION INDIAN HOUSING AUTHORITY

27368 Via Industria, Suite 113, Temecula, CA 92590
Phone 951-760-7390 Fax 951-760-7394 www.amiha.org



CARES ACT IHBG RECERTIFICATION FORM

Participant Name: _____ No. Bedrooms: _____
Reservation: _____ Project# _____
Physical Address: _____ City: _____ State: _____ Zip: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Number: _____ Cell Number: _____
Work Number: _____ Email: _____

Part I-Household Composition:

You must complete all information, including Social Security Numbers for every member of your household.

NAME (Include Applicant)	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	OCCUPATION	SOCIAL SECURITY #
1.	Applicant					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Per HUD regulations- Every household member must provide a copy of their Social Security Card.

Part II-Household Income: (Wages, Per Capita/Revenue Sharing, Social Security, CalWORKS, TANF, Unemployment, Spousal Support, Child Support, etc.) any income the household is receiving.

SOURCE OF INCOME:	PROJECTED ANNUAL INCOME
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
TOTAL GROSS INCOME:	\$ _____

Self-Certification

I do hereby Certify that the forgoing HOUSEHOLD COMPOSITION is true and correct and HOUSEHOLD INCOME represents all my household income.

Signature (Head of Household)

Date