

# ALL MISSION INDIAN HOUSING AUTHORITY

27368 Via Industria, Suite 113, Temecula, CA 92590  
 Phone 951-760-7390 Fax 951-760-7394 [www.amiha.org](http://www.amiha.org)



## CCRH-RRHEAP Rental Assistance Program- 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.						

### 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. _____	\$ _____
<b>TOTAL GROSS INCOME:</b>	<b>\$ _____</b>

### Self-Certification

I do hereby Certify that the forgoing HOUSEHOLD COMPOSITION is true and correct and HOUSEHOLD INCOME represents all my household income. I understand this is a one-time only rental assistance payment based on my current income status.

\_\_\_\_\_  
 Signature (Head of Household)

\_\_\_\_\_  
 Date

**Office Use Only:**

\$1000 0-80%    None 81% and over    ----- Previous Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Total Paid: \_\_\_\_\_  
 Eligibility Verified By: \_\_\_\_\_, Housing Administrator, Date: \_\_\_\_\_  
 Payment Applied (mo): \_\_\_\_\_ By: \_\_\_\_\_, Finance Director; Date: \_\_\_\_\_