



ANNUAL RE-EXAM PACKET

Completed Annual Re-Exam Packet with supporting documents should be submitted at MHA office during office hours Monday to Thursday 10 AM to 4.30 PM. 4020 Civic Center Drive, San Rafael, CA 94903. No appointment needed.

MHA encourages participants to complete recertification through the portal at apply.marinhousing.org

If you are elderly or disabled and need reasonable accommodation assistance, please call to 415-491-2525

Updated 11-19-2025



Provide language spoken at home (Preferred Language)

If you do not provide a language, we understand English is your primary language.

Limited English Proficiency (LEP)

In accordance with Federal guidelines MHA will make reasonable efforts to provide or arrange FREE language assistance for its LEP clients, including applicants, recipients and/or persons eligible for Public Housing, Housing Choice Voucher/Section 8, homeownership and other MHA programs.

**You may request FREE interpretation services at MHA offices during normal business hours:
Monday – Friday 10 AM – 4:30 PM**

Dominio Limitado del Inglés (LEP)

De acuerdo con las directrices federales MHA hará esfuerzos razonables para proporcionar o coordinar la asistencia de idiomas gratis para sus clientes LEP, incluidos los solicitantes, beneficiarios y / o las personas elegibles para la Vivienda Pública, otros programas de MHA Housing Choice Voucher / Sección 8, propiedad de vivienda y.

Usted puede solicitar los servicios de interpretación gratuitamente en las oficinas de MHA durante el horario normal:

Lunes - Viernes 10 AM - 4:30 PM

Trình độ tiếng Anh hạn chế (LEP)

Theo hướng dẫn của liên bang MHA sẽ nỗ lực hợp lý để cung cấp hoặc thu xếp Trợ giúp ngôn ngữ miễn phí cho khách hàng LEP của nó, bao gồm cả các ứng viên, người nhận và / hoặc những người hội đủ điều kiện cho nhà chung cư, lựa chọn nhà Voucher / Mục 8, sở hữu nhà và các chương trình MHA khác.

Bạn có thể yêu cầu dịch vụ thông dịch miễn phí tại văn phòng MHA trong giờ làm việc bình thường:

Thứ Hai - Thứ Sáu 10 AM - 04:30 PM





Housing Authority of the County of Marin 4020

Civic Center Dr. San Rafael, CA 94903

Phone: (415) 491-2525

RECERTIFICATION PACKET

Resident/Participant Information

Resident/Participant Name:

Current Address

[Empty text box for current address]

Contact Information

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Household Information

List ALL family members who will be living in your home. This includes live-in aides and foster children

Name	Member	SSN	DOB	Age	Gender
	Head of Household				



Income Information

Do you or any member of your household have the following?

		Yes	No	
1.	Are you or any household members currently employed?	<input type="radio"/>	<input type="radio"/>	If yes, you must list each employed family member and attach copies of four (4) consecutive pay stubs or a payroll log from the employer verifying salary and/or wages dated within the last 60 days.
2.	Are you or any household member self-employed?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide last year's IRS tax return form 1040 filed with all attachments including Schedule C. If an audit was conducted for the previous fiscal year, please provide a copy of the audited financial statement. If not audited, please provide a statement of income and expenses.
3.	Do you or any household member receive overtime, bonuses, tips or commissions?	<input type="radio"/>	<input type="radio"/>	If yes, the member should send a signed affidavit of tips received from the prior year and tips anticipated to be received in the coming year.
4.	Are you or any household member a PHA employee?	<input type="radio"/>	<input type="radio"/>	
5.	Are you or any household member a federal government employee?	<input type="radio"/>	<input type="radio"/>	
6.	Do you or any member of your household receive Social Security or SSDI?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide most current award letter, dated within the last 120 days.
7.	Do you or any household member receive Supplemental Security Income (SSI)?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide most current award letter, dated within the last 120 days.
8.	Do you or any household member receive benefits in lieu of earnings?	<input type="radio"/>	<input type="radio"/>	
9.	Do you or any member of your household receive welfare benefits?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide the most recent Notice of Action letter from the agency where you are receiving benefits, dated within the last 120 days.
10.	Do you or any household member receive imputed welfare income?	<input type="radio"/>	<input type="radio"/>	
11.	Do you or any member of your household receive General Assistance?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide most recent Notice of Action, dated within the last 120 days.



Income information continued ...		Yes	No	
12.	Do you or any member of your household receive payments for child support?	<input type="radio"/>	<input type="radio"/>	If yes, please list all children that receive child support in the household in the space below <u>and submit verification</u> (if payments are made through a State or local entity, submit a statement/payment log for the past 12 months of payments; if applicable, a copy of a separation or settlement agreement or a divorce decree stating the amount and type of support and payment scheduled; if payments are personal checks, submit a copy of the most recent check/payment stub; if payments are in cash, provide the information below on the non-custodial parent).
13.	Do you or any household member receive alimony or spousal support?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide a copy of divorce decree, separation agreement, or the last 60 days of payment history.
14.	Do you or any household member receive foster care payments? *	<input type="radio"/>	<input type="radio"/>	If yes, you must provide the most recent Notice of Action and/or printout of payment statement / history for the last 60 days.
15.	Do you or any household member receive payments from pension plans, retirement plans or annuities?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide most current agency statement and/or last 60 days of payment stubs, and/or printout verifying gross pension amount. Provide agency information if the information is not available in statement.
16.	Do you or any household member receive student financial assistance?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide any financial aid letters.
17.	Does anyone outside your household help pay your expenses or give you money?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide the payer's contact information, the payment date and the purpose of the transaction.
18.	Do you or any member of your household receive Medical Reimbursements?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide the most current statement and/or the last 60 days of consecutive payment stubs verifying payment amount.
19.	Do you or any member of your household receive Indian Trust/per capita?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide the most current agency statement and/or the last 60 days of consecutive payment stubs verifying payment amount.
20.	Do you or any household member receive military pay?	<input type="radio"/>	<input type="radio"/>	If yes, you must provide the most current statement and/or the last 60 days of consecutive payment stubs verifying payment amount.



By signing below: I/We certify that the information given to the Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Warning! Title 18 Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. You can go to jail if you have knowingly provided false or misleading information on this form! False statements or information are grounds for termination of your housing assistance, tenancy, or application.

All ADULT household members must sign a copy

Head of Household Name:	Date:	Signature:
Adult #2 Name:	Date:	Signature:
Adult #3 Name:	Date:	Signature:
Adult #4 Name:	Date:	Signature:
Adult #5 Name:	Date:	Signature:
Adult #6 Name:	Date:	Signature:

