

Annual Recertification Checklist

Please read carefully

A Personal Declaration Packet needs to be completed for your Annual Recertification. The entire packet must be filled out completely. Everyone in the household who is age 18 or older must sign each form in the packet. Please mail or bring in your completed packet.

To help us complete your Annual Recertification, you may provide the following:

- If you or any other member of your household over 17, are **employed**...
Provide a copy of six (6) of your most recent paycheck stubs.
- If you or any other member of your household are **self employed**...
Provide a copy of last year's federal income tax forms.
- If you or any other member of your household are receiving **child support payments**...
Provide a copy of a print out from the **Division of Child Support**
- If you or any other member of your household are currently receiving income from **Social Security** or receiving **pension benefits**...
Provide a copy of your **Social Security award letter** or print out of benefit amount from the Social Security office or documentation of pension benefit.
- If you or any other member of your household have a **bank account** of **any kind**...
Provide a copy of the last six months **bank statements**. If we have to get this verification from your financial institution, **they may charge you a fee to provide us this information**.
- If you or any other member of your household are attending **college** or **trade school**...
Provide a copy of **financial aid award letter** *and* **enrollment** paperwork.
- If you pay for **child care** and are employed or attend school...
Provide a copy of **three (3) most recent receipts** or **canceled checks** for child care or a statement from your child care provider with your providers full mailing address and telephone number.
- If you are **62+ years old** or are **disabled** you may qualify for medical expense deductions. Please **provide printouts** from your medical providers that show your out of pocket expenses. i.e. doctor visit co-pays, prescriptions, insurance premiums.

Mail or bring your completed packet, and any of the items listed above that apply to you, to:

Washington County, Oregon
Department of Housing Services
111 N. E. Lincoln, Suite 200-L
Hillsboro, Oregon 97124

Thank you!