## RE-CERTIFICATION NOTICE (90) DAY NOTICE

Date:	_
To:	and all others in possession
Family composition to determ To complete this review of y	(FHF) requires that we annually review your Income and nine if you are still eligible to receive Housing Assistance. Our income and family composition, you must meet with me equired information. I will be available for interviews
during normal business work to make an appointment.	ing hours. Please contact me at
➤ Social Security Card fo ➤ Photo Identification for ➤ Statement of current an ➤ The name and address Social Security, Child	formation with you to the interview:  r Everyone in the Household, if necessary.  Adults and Birth Certificates for Children under 18  nual wages or income for everyone in household  of any employer(s), or source of income such as AFDC  Support, Contributions, etc.  statements will be permitted.
	at statements, funds bonds, lottery winnings, and insurance d as an investment, (i.e. gem or coin collection, paintings,
	O TO THIS LETTER BY YOUR NEWED AND YOU SHALL BE REQUIRED TO VACATE
ON THE	_ DAY OF
Please call	for an Appointment as soon as possible.
Thank you,	
Management Representative	-