

HAF-RI Recertification

Homeowner Assistance Fund – Rhode Island (HAF-RI) recipient and co-recipient (if applicable) must initial next to the statements below if the statements are true and accurate. Please contact HAF-RI if you are unable to certify any statement(s). Sign and date this form to recertify HAF-RI eligibility.

Once completed, either upload this form to your HAF-RI account or mail to: RIHousing, 44 Washington Street, Providence, RI 02903 ATTN: HAF-RI.

- I/we continue to need assistance with mortgage payments, monthly real estate tax payments, monthly condominium fee payments, and/or other household related payments currently being made by HAF-RI.
- There has been no material change to my/our household income stated in approved HAF-RI application.
- There has been no material change in my/our employment or financial status.
- I/we are actively attempting to gain employment or increase my/our income to be able to afford my mortgage payments, real estate tax payments, condominium fee payments, and/or other household related payments once assistance from the Homeowner Assistance Fund – Rhode Island ends.
- I/we acknowledge that I/we may be required to provide documentation of my/our continuing eligibility for the HAF-RI program. Requested documents can include, but are not limited to household income, employment status, and property information. I/we acknowledge and understand that these statements will be relied upon for the purposes of determining continued eligibility for HAF-RI assistance.
- I/we fully understand that it is a Federal crime punishable by fine or imprisonment, or both, to knowingly make any false statements when applying for or recertifying my personal, financial, housing and/or other information under the provisions of Title 18, United States Code, Section 1014.

HAF Recipient

Date

HAF Co-Recipient

Date

Address: _____

Phone Number: _____