



Clarksville Housing Authority

605 Lucas Street • Clarksville, Arkansas 72830
Phone: (479) 754-3564 • Fax: (479) 754-3963

July 1, 2023

Annual Re-exam Notice/Worksheet

Dear Tenant:

The Housing Authority is in the process of doing annual re-examinations of income and rent calculation. You will need to get your necessary documents to the office in an envelope, drop the packet into the drop box or deliver to the office.

The day and time scheduled for your signature is on
August _____, 2023, at _____:

It will speed up the review if you will complete the information blanks below and turn in verification of each.

INCOME - We will need to see verification of your income from all sources. This verification cannot be dated **more than 60 days prior your appointment date.**

WE CANNOT VERIFY INCOME FROM BANK STATEMENTS.

Amount of Social Security Check _____
Amount of SSI Check _____
Amount of Miners or V.A. _____
Pension or Retirement Income _____
Other Income _____

Also, we will need to verify the amount of assets in **checking, savings, certificates, or real property.** Please bring your last month's bank statement or a copy of your quarterly earnings report on your savings. **A tax assessment is required for real estate property owned.**

Amount of savings _____ Rate of interest _____

MEDICAL DEDUCTIONS

Insurance: Withheld Medicare Payment _____
Other Health Insurance _____
Prescription Drug Insurance _____

Medicine: Amount of Prescription Drugs provide print-out from pharmacy
(August 1, 2022 - July 31, 2023)
Over-the-Counter Drugs that are required by a doctor _____

If you have over-the-counter medical expenses that are prescribed by your doctor, a statement from your doctor and receipts verifying these purchases are needed. Please have these receipts totaled before your re-examination. Travel expenses with documentation of appointments.

OTHER MEDICAL EXPENSES - (August 1, 2022 to July 31, 2023) All medical expenses must be verified with a dated statement or invoice showing the name of the medical provider, the amount owed and proof of payment. A cancelled check can also be used as proof of payment to the medical provider.

Thank you for your cooperation.

Sincerely,

Angie Holland
Project Manager