



TENANT APPLICATION / RECERTIFICATION/Self-Certification QUESTIONNAIRE

NOTE TO TENANT: In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. *Providing false information may result in loss of your housing.*

| | | |
|------------------|-------------------|---------------------------------------|
| Tenant Name: | | Home Telephone Number: () |
| Current Address: | City, State, Zip: | Alternate Telephone Number: () |

HOUSEHOLD COMPOSITION

Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".

List yourself and anyone who will live with you *within the next 12 months*. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

Please list household members starting with Head of household on line 1, then in order of oldest to youngest.

| | Last Name, First Name | Relationship to Head of Household | Birth Date | Age | Social Security Number | Student Status: | | |
|---|-----------------------|-----------------------------------|------------|-----|------------------------|-----------------|-----------|-----|
| | | | | | | Full Time | Part Time | N/A |
| 1 | | Head | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |

- 1.) Do you anticipate any changes in the size of your household *within the next 12 months*? (O-04) Yes No
 (Examples: a future spouse, a minor entering the home through adoption, children returning from foster care, pregnancy, etc.)
 If yes, please describe any changes here: _____

- 2.) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months? N/A Yes No
 (O-04)
 If yes, please explain here: _____

- 3.) Does any member in your household have a disability and require a live-in care attendant? (O-01) Yes No

- 4.) Is any adult member of your household separated, but not divorced? (O-07) Yes No

- 5.) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance? Yes No



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

STUDENT ELIGIBILITY QUESTIONS

- 6.) Are **ALL** members of your household full-time students? (S-03) Yes No
- 7.) Will **ALL** members of your household be full-time students during any 5 months of this year? (S-03) Yes No
(Example: a student who goes to school full-time in any parts of January, February, April, October and November)
- 8.) Will **ALL** members of your household be full-time students during any 5 months of next year? (S-03) Yes No
- 9.) Is **ANY ADULT** member of your household a part or full time student in an institute of higher education? (S-01) Yes No

If yes, who is enrolled? _____ Which school are they enrolled in? _____

How do they pay for their education? _____ What is the cost of tuition per semester? \$ _____

- 10.) Does **ANY ADULT** member of your household intend to become a student *within the next 12 months*? (S-03) Yes No
If yes, who will be enrolling in school? _____
If yes, will they be enrolling as a full-time or part-time student? _____

ALIMONY / CHILD SUPPORT INFORMATION

- 11.) Does any member of your household have a **COURT ORDER** to receive Child Support or Alimony payments, even if no child support or alimony is being received? (I-07a, O-09a, O-09b) (Case id #) _____ Yes No

IF "NO", SKIP TO QUESTION 12

a.) Name of person with court order: _____ Payment Amount: \$ _____ per _____

b.) Name of person(s) paying support / alimony: _____

Are the **FULL** court-ordered amount(s) being received? Yes No

If "**NO**", are you making efforts to collect the amounts due? Yes No

If "**YES**", please explain the efforts you're making here:

- 12.) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDERED**?

(This includes help from children's father or mother for clothes, groceries, etc.) (I-07b O-09a, O-09) Yes No

IF "NO", SKIP TO NEXT SECTION

a.) Payment Amount: \$ _____ per _____

b.) Name of person(s) paying support / alimony:

_____ Phone: _____ for child: _____

_____ Phone: _____ for child: _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

| YES | NO | TYPE OF INCOME | INCOME AMOUNT |
|--------------------------|--------------------------|--|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 13.) Is any member of the household employed? | |
| | | Job 1.) Who is employed? _____ What company? _____ Phone: _____ | AMT \$ _____ PER _____ |
| | | Job 2.) Who is employed? _____ What company? _____ Phone: _____ | AMT \$ _____ PER _____ |
| | | <input type="checkbox"/> Check if there are any additional jobs in the household (attach a separate sheet with contact information) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 14.) Are any household members self-employed? | |
| | | Who is self-employed? _____ What type of work does this person do? _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 15.) Are any adult members of your household unemployed? | |
| | | Which adult members are unemployed? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | 16.) Does any household member receive pay from the military? | |
| | | Who is paid by the military? _____ Which branch of the military? _____ Contact Person: _____ Phone: _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 17.) Does any household member receive any payments from the Social Security Administration? Which type: <input type="checkbox"/>SS <input type="checkbox"/>SSI <input type="checkbox"/>Other | |
| | | Who receives payments from the Social Security Office? _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 18.) Does any household member receive severance pay or worker's compensation? | |
| | | Who is receiving severance pay or worker's compensation? _____ What company pays them? _____ Contact Person: _____ Phone: _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 19.) Is any household member unemployed and receiving payments from an Unemployment Agency? | |
| | | Who is receiving unemployment benefits? _____ Contact Person: _____ Phone: _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 20.) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.) | |
| | | Who is receiving TANF or AFDC benefits? _____ Caseworker: _____ Phone: _____ | AMT \$ _____ PER _____ |



INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

| YES | NO | TYPE OF INCOME | INCOME AMOUNT |
|--------------------------|--------------------------|---|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 21.) Does any household member receive periodic payments from a pension, annuity or retirement benefit account? Please check one: <input type="checkbox"/> Pension (I-11) <input type="checkbox"/> Annuity (I-12) <input type="checkbox"/> Other Retirement (I-08) Who receives these benefits? _____ What company pays this person? _____ Contact Person: _____ Phone: _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 22.) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries? What is the name of the person that pays you? _____ What is their address? _____ Phone number? _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 23.) Is there any other source of income we haven't already asked about above that you receive? Please Describe: _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 24.) Does your household expect any changes in their income <i>within the next 12 months</i>? Please Describe: _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 25.) Does your household receive long-term care insurance payments, <i>in excess of \$180 per day</i>, for a family member residing in a long-term care facility? Which household member is in a long-term facility? _____ Which household member are the payments made to? _____ What company pays this person? _____ Contact Person: _____ Phone: _____ | AMT \$ _____ PER _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 26.) Do any adult members of your household have zero income? Which adult members have zero income? _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | 27.) Are any adult members of your household a veteran? Who is receiving veteran benefits? _____ | AMT \$ _____ PER _____ |



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

28.) Does any household member have a Checking, Savings, CD or Money Market account?

Bank 1.) Bank Name: _____ Name(s) on Account: _____

Account Type: Checking Savings CD Money Market

Bank 2.) Bank Name: _____ Name(s) on Account: _____

Account Type: Checking Savings CD Money Market

Check if there are additional accounts of these types belonging to the household. (attach a separate sheet with the bank name, account type and name(s) on the account)

29.) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy (life insurance that you can make withdrawals from even if there isn't a death. We do not count **TERM** insurance)?

Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: Stocks Bonds Mutual Funds Whole Life Insurance

30.) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?

Institution Name: _____ Name(s) on Account: _____

Contact Phone: _____ Account Type: IRA Keogh 401K Other: _____

31.) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?

Institution Name: _____ Name(s) on Account: _____

Contact/Phone: _____ Account Type: _____

32.) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)

Property Owner(s): _____ Type of Property: _____

What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)

Contact: _____ Phone: _____

33.) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)

Property Type: _____ Estimated Cash Value: \$ _____

34.) Does any household member have a Trust Account?

Institution Name: _____ Name(s) on Account: _____

Is this account a Revocable or Non-Revocable Trust Account? _____ Contact Phone: _____

35.) Does any household member have any Treasury Bills or Government Savings Bonds? (www.savingsbonds.gov)

Which household member: _____

Series: _____ Face Value: \$ _____ Serial Number: _____ Issue Date: _____

36.) Does any household member have cash on hand or safe deposit boxes?

Which household member? _____ What amount is kept on hand? \$ _____



Please read each question carefully, answer each question completely and be prepared to verify items checked yes.

ACCOUNT / ASSET INFORMATION (CONTINUED)

The questions regarding household accounts / assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

ACCOUNT INFORMATION

37.) Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.)
What type of account or asset is this? _____
What is the estimated value of this asset if you were to sell it today? \$ _____

38.) In the past two years, has any household member given away any asset(s) for less than they were worth? (Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)
What was the estimated value of this asset? \$ _____

HOUSEHOLD CERTIFICATION

I understand that the information provided on this questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the Section 42 housing program.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

| | |
|----------------------|-------|
| _____ | _____ |
| Head of Household | Date |
| _____ | _____ |
| Co-Head of Household | Date |
| _____ | _____ |
| Other Adult Member | Date |
| _____ | _____ |
| Other Adult Member | Date |

MANAGEMENT SIGNATURE:

This application /questionnaire accepted by:

| | |
|--------------------------------------|-------|
| _____ | _____ |
| Apartment Management / Owner's Agent | Date |

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.

