



# APPLICANT CERTIFICATION QUESTIONNAIRE

The following pages are to be completed entirely by each adult household member 18 years or older (Please print clearly)

Property Name: \_\_\_\_\_ Questionnaire Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Building/ Unit Number: \_\_\_\_\_

## HOUSEHOLD COMPOSITION

The following section is to be completed by the applicant. List ALL household members who will be residing in the apartment and/ or anyone who may be joining the household within the next 12 months

Full Legal Name (First, Last)	Date of Birth	Social Security Number	Sex (M/F)	Student Status (X only what applies)
1. _____	_____	_____	_____	Full-time ___ Part-time ___ Not a Student ___
2. _____	_____	_____	_____	Full-time ___ Part-time ___ Not a Student ___
3. _____	_____	_____	_____	Full-time ___ Part-time ___ Not a Student ___
4. _____	_____	_____	_____	Full-time ___ Part-time ___ Not a Student ___
5. _____	_____	_____	_____	Full-time ___ Part-time ___ Not a Student ___
6. _____	_____	_____	_____	Full-time ___ Part-time ___ Not a Student ___
7. _____	_____	_____	_____	Full-time ___ Part-time ___ Not a Student ___
8. _____	_____	_____	_____	Full-time ___ Part-time ___ Not a Student ___

## INCOME INFORMATION

Answer all questions either "Yes" or "No" and include ALL anticipated income for the next 12 months

Yes	No		Gross Annual Income
<input type="checkbox"/>	<input type="checkbox"/>	<b>1</b> I am self employed. List nature of self employment: _____ If YES, do you file taxes? <input type="checkbox"/> Yes Provide attach copy of most recent tax return (ex: Form 1040 and Schedule C) <input type="checkbox"/> No Provide Proof of income over the last 12 months (ex: audited or unaudited financial statement or letter from Certified Public Accountant)	\$ _____ (Net Amount)
<input type="checkbox"/>	<input type="checkbox"/>	<b>2</b> I am employed (or have a verifiable start date within the next 12 months) and receive included but not limited to: (wages, overtime pay, commissions, fees, tips, bonuses and/or other compensation). <u>Name of Employer(s):</u> Employer: _____ Employer: _____	\$ _____ (Gross Amount)
<input type="checkbox"/>	<input type="checkbox"/>	<b>3</b> I am unemployed. If YES, are you receiving unemployment benefits? <input type="checkbox"/> Yes Provide a copy of the most recent unemployment benefits award statement. <input type="checkbox"/> No I am unemployed and I am not collecting unemployment benefits, nor do I expect to collect unemployment benefits or anticipate becoming employed within the next 12 months.	\$ _____ (Gross Amount)
<input type="checkbox"/>	<input type="checkbox"/>	<b>4</b> I receive cash contributions of gifts including rent or utility payments, on an on-going basis from person's NOT living with me.	\$ _____ (Gross Amount)
<input type="checkbox"/>	<input type="checkbox"/>	<b>5</b> I receive Veteran's Administration, GI Bill, Reserves, National Guard or Military benefits income.	\$ _____ (Gross Amount)
<input type="checkbox"/>	<input type="checkbox"/>	<b>6</b> I receive Social Security. (Include S/S payments received for minors) If YES, please indicate all types received? <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security Payments (SS) <input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income (SSI) <input type="checkbox"/> Yes <input type="checkbox"/> No Disability or Survivor Benefits other than Social Security	\$ _____ (Gross Amount)
<input type="checkbox"/>	<input type="checkbox"/>	<b>7</b> I receive Worker's Compensation.	\$ _____ (Gross Amount)
<input type="checkbox"/>	<input type="checkbox"/>	<b>8</b> I receive Public Assistance Income. (Do not list food stamps) If YES, indicate type: _____	\$ _____ (Gross Amount)
<input type="checkbox"/>	<input type="checkbox"/>	<b>9a</b> I have been awarded child support by court order. <b>9b</b> I receive voluntary child support. If YES, how is it received? Source: _____ Source: _____ If child support is received and/or court ordered, list below. Child Full Name: _____ Monthly Amount: _____ Child Full Name: _____ Monthly Amount: _____ Child Full Name: _____ Monthly Amount: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No I am currently making efforts to collect child support owed to me. If YES, provide list of efforts being made to collect child support: _____	\$ _____ (Gross Amount)

10	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal support payments.	\$ _____ (Gross Amount)
11	<input type="checkbox"/>	<input type="checkbox"/>	I receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies, or lottery winnings. If YES, list sources: 1 _____ 2 _____	\$ _____ (Gross Amount)
12	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property.	\$ _____ (Net Amount)
13	<input type="checkbox"/>	<input type="checkbox"/>	I currently receive Section 8 housing assistance. If YES, do you receive educational assistance or student financial aid? (not student loans) <input type="checkbox"/> Yes <input type="checkbox"/> No Provide verification of financial aid.	\$ _____ (Gross Amount)
14	<input type="checkbox"/>	<input type="checkbox"/>	I receive regular payments from other source(s). If YES, list source: 1 _____ 2 _____	\$ _____ (Gross Amount)

**ASSET INFORMATION**

(HOME & SHIP funded programs are to third-party verify ALL assets regardless of value)

List all assets including those of minor children

	Yes	No		Interest Rate %	Cash Value
15	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If YES, List bank(s): 1 _____ 2 _____	_____% _____%	\$ _____ (6 month average)
16	<input type="checkbox"/>	<input type="checkbox"/>	I have a saving account(s). If YES, List bank(s): 1 _____ 2 _____	_____% _____%	\$ _____ (Current Balance)
17	<input type="checkbox"/>	<input type="checkbox"/>	I have a revocable trust(s). If YES, List bank(s): 1 _____	_____%	\$ _____ (Cash Value)
18	<input type="checkbox"/>	<input type="checkbox"/>	I own real estate. If YES, provide description: 1 _____	_____%	\$ _____ (Cash Value)
19	<input type="checkbox"/>	<input type="checkbox"/>	I have a mutual fund(s). If YES, provide source(s): 1 _____	_____%	\$ _____ (Cash Value)
20	<input type="checkbox"/>	<input type="checkbox"/>	I have Certificates of Deposit (CD) or Money Market Account(s). If YES, list source(s)/ bank(s): 1 _____ 2 _____	_____% _____%	\$ _____ (Cash Value)
21	<input type="checkbox"/>	<input type="checkbox"/>	I own Stocks, Bonds or Treasury Bill(s). If YES, List source(s)/ bank(s): 1 _____ 2 _____	_____% _____%	\$ _____ (Cash Value)
22	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA, Lump Sum, Pension, Keogh Account or 401K. If YES, list bank(s): 1 _____ 2 _____	_____% _____%	\$ _____ (Cash Value)
23	<input type="checkbox"/>	<input type="checkbox"/>	I have a Whole Life Insurance Policy (Term Policies not applicable) If I were to surrender my policy today, the CASH value would be:	_____%	\$ _____ (Cash Value)
24	<input type="checkbox"/>	<input type="checkbox"/>	I own other assets not previously mentioned. If YES, list asset(s): 1 _____ 2 _____	_____% _____%	\$ _____ (Cash Value)
25	<input type="checkbox"/>	<input type="checkbox"/>	I have Cash on Hand (COH).		\$ _____ (Cash Value)
26	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets (i.e. given away money/assets) for less than the fair market value in the PAST TWO YEARS. If YES, list items and date disposed: Item: _____ Disposed Date _____ Item: _____ Disposed Date _____		\$ _____ (Cash Value)
27	Total annual <u>Income Derived from the above assets</u> (For example: Interest, dividends, income from real estate, etc)				\$ _____ (List income from your assets, interest, etc. #'s 15-26)

## STUDENT STATUS INFORMATION

**ALL ADULTS MUST READ:** A full time student is any individual who is currently enrolled in any educational institution on a full-time basis, expects to be enrolled during the balance of the current tax year (JANUARY to DECEMBER), or has been enrolled on a full-time basis for more than four months (need not be consecutive) out of the current calendar year.

To qualify under the Section 42 program rules, any low income tax credit household that is made up of all full-time students, the household must meet one of the five exemptions (Ref. Section 42(i)(3)(D) and HR3221)

	Check One	*No Verification needed for self certified full-time students.
<b>28</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>This household is comprised ENTIRELY of full-time students as defined above.                      If NO, is the household comprised of all students (Full-time and or Part-time students)  <input type="checkbox"/> Yes   <input type="checkbox"/> No    If YES, Provide proof of part-time status</p>
<b>29</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>This household is comprised of ALL full-time students.                      If YES, check the exception that the household meets below.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No    At least one member of the household receives assistance under Title IV of the Social Security Act (ex: Public Assistance under TANF or AFDC) provide a verification of award.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No    At least one member of the household is currently enrolled in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency. Please provide verification of enrollment and mission statement of the program, if not JTPA.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No    I am an independent single parent with minor child(ren) and I am not claimed on anyone else's tax return. My child(ren) is/are NOT the dependent(s) of any individual other than a parent. Please provide a signed copy of most recent tax return claiming dependent child(ren).</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No    I am married and eligible to file a joint federal tax return with my spouse. Please provide a signed copy of most recent tax return or marriage license.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No    At least one household member was previously under Foster Care. Please provide court documents, agency documentation or Social Security verification.</p>

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my knowledge. The Undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of application or termination of the lease agreement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date