

Applicant/Tenant Questionnaire

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate questionnaire.

Check "Yes" or "No" to each question as they apply to you. **Form to be completed by the applicant/tenant.**

Applicant/Tenant Name: _____

Unit #: _____

Applicant/Tenant Estimated GROSS Monthly Income: \$ _____

Yes/No	Income
<input type="checkbox"/>	<input type="checkbox"/> I filed a tax return last year for myself, jointly with my spouse, and/or for my business.
<input type="checkbox"/>	<input type="checkbox"/> I am married and file a joint tax return.
<input type="checkbox"/>	<input type="checkbox"/> I am employed and receive wages. If "Yes", are you employed at more than one job? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/> I am employed and receive <input type="checkbox"/> tips \$ _____ <input type="checkbox"/> commissions \$ _____ <input type="checkbox"/> bonuses \$ _____
<input type="checkbox"/>	<input type="checkbox"/> I am self-employed and/or own a business.
<input type="checkbox"/>	<input type="checkbox"/> I have secured new employment and will begin during the next 30 days (from eff. date of certification).
<input type="checkbox"/>	<input type="checkbox"/> I am on leave of absence from work. If yes, for how long? _____
<input type="checkbox"/>	<input type="checkbox"/> I receive income from Unemployment, Workers Compensation, Disability Compensation, and/or a Severance.
<input type="checkbox"/>	<input type="checkbox"/> I receive/am entitled to receive Child Support and/or Alimony payments.
<input type="checkbox"/>	<input type="checkbox"/> I receive Social Security (SS), Supplemental Security (SSI), and/or Social Security Disability (SSD) income.
<input type="checkbox"/>	<input type="checkbox"/> I receive rental assistance such as Section 8 or other? _____
<input type="checkbox"/>	<input type="checkbox"/> I receive Welfare/Public Assistance (i.e. AFDC, TANF, etc.) (exclude Food Stamps/SNAP).
<input type="checkbox"/>	<input type="checkbox"/> I am a Student. <input type="checkbox"/> Part-time or <input type="checkbox"/> Full-time
<input type="checkbox"/>	<input type="checkbox"/> I receive income from a household member/s temporarily absent from the unit.
<input type="checkbox"/>	<input type="checkbox"/> I receive income from a household member/s permanently confined to a hospital or nursing home.
<input type="checkbox"/>	<input type="checkbox"/> I receive periodic payments from family, friends, church, etc. \$ _____
<input type="checkbox"/>	<input type="checkbox"/> I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me.
<input type="checkbox"/>	<input type="checkbox"/> I receive periodic income from Long-Term Care insurance, Disability, and/or Death Benefits.
<input type="checkbox"/>	<input type="checkbox"/> I have other forms of income not specified above. Other _____

Yes/No	Assets
<input type="checkbox"/>	<input type="checkbox"/> I have assets. (All of the following are considered assets)
<input type="checkbox"/>	<input type="checkbox"/> My total household assets are <u>under</u> \$5000
<input type="checkbox"/>	<input type="checkbox"/> My total household assets are <u>over</u> \$5000
<input type="checkbox"/>	<input type="checkbox"/> I have a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s).
<input type="checkbox"/>	<input type="checkbox"/> I receive income from a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s).
<input type="checkbox"/>	<input type="checkbox"/> I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Checking account(s).
<input type="checkbox"/>	<input type="checkbox"/> I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Savings account(s).
<input type="checkbox"/>	<input type="checkbox"/> I have (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Money Market account(s).
<input type="checkbox"/>	<input type="checkbox"/> I own (check one): <input type="checkbox"/> one <input type="checkbox"/> multiple Certificate of Deposit(s).
<input type="checkbox"/>	<input type="checkbox"/> I have cash on hand or in a safe deposit box. Amount \$ _____
<input type="checkbox"/>	<input type="checkbox"/> I have investments in Stocks, Bonds, Treasury Bills and/or Mutual Funds.
<input type="checkbox"/>	<input type="checkbox"/> I own Real Estate or am in the process of selling real estate.
<input type="checkbox"/>	<input type="checkbox"/> I hold a Mortgage or Deed of Trust.
<input type="checkbox"/>	<input type="checkbox"/> I have a Life Insurance policy (exclude Term Life).
<input type="checkbox"/>	<input type="checkbox"/> I hold personal property as an investment (coin collections, gems, antique cars, etc.).
<input type="checkbox"/>	<input type="checkbox"/> I have other forms of assets not specified above. Other _____
<input type="checkbox"/>	<input type="checkbox"/> I have disposed of assets for more than \$1,000 less than Fair Market Value (FMV) during the past two years.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant

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.