APPLICANT/TENANT QUESTIONNAIRE

Each household member 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate Questionnaire.

This form to be completed by the Applicant/Tenant - Answer each statement below by checking "Yes" or "No" and complete all additional information as it applies to you.

Applicant/Tenant Name: _____ Unit #: _____

Property: _____

YES	NO	
☐	☐	I filed a tax return last year for myself, jointly with my spouse/partner, and/or for my business.
☐	☐	I am married and file a joint tax return.
☐	☐	I am a Student: ☐ Part-Time ☐ Full-Time School Name: _____

INCOME

Applicant/Tenant Estimated Gross Monthly Income from all sources: $_____

YES	NO	
☐	☐	I am employed and receive wages. I am employed at more than one job? ☐ Yes # _____ ☐ No
☐	☐	I receive income from: (Tips: $_____/Week) – (Commissions: $_____ /Month) – (Bonuses: $ _____/Year)
☐	☐	I am ☐ Self-employed or ☐ own a business. Type of business: _____
☐	☐	I have secured new employment and will begin working on: _____
☐	☐	I am on a leave of absence from work. If 'Yes", for how long: Start date: _____ End date: _____
☐	☐	I receive income from ☐ Unemployment ☐ Worker's Compensation ☐ Disability Compensation ☐ Severance
☐	☐	I receive/ am entitled to receive Child Support and/or Alimony payments.
☐	☐	I receive Veteran's Benefits (VA).
☐	☐	I receive ☐ Social Security (SS) ☐ Supplemental Security (SSI) ☐ Social Security Disability (SSD)
☐	☐	I receive rental assistance such as ☐ Section 8, ☐ RD ☐ Other: _____
☐	☐	I receive welfare/public assistance such as TANF, AFDC (exclude food stamps) or Other: _____
☐	☐	I receive income from a household member/s temporarily absent from the unit.
☐	☐	I receive income from a Pension, Annuity, IRA, 401K, Trust or Other: _____
☐	☐	I receive periodic payments from family, friends or Other: _____
☐	☐	I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me.
☐	☐	I receive periodic income from Long-Term Care insurance, Disability, and/or Death benefits.
☐	☐	I have other forms of income not specified above. Source: _____ $ _____ Per month.

ASSETS

YES	NO	
☐	☐	I have # _____ Checking account(s): List Bank(s): _____
☐	☐	I have # _____ Savings account (s): List Bank(s): _____
☐	☐	I have # _____ Money Market account(s) List Bank(s): _____
☐	☐	I own # _____ Certificate (s) of Deposit: List Bank(s): _____
☐	☐	I hold assets in a safe deposit box or other safe location. Amount/Value: $ _____
☐	☐	I have investments in Stocks, Bonds, Treasury bills and/or mutual funds.
☐	☐	I have a Pension, Annuity, IRA, 401K or other form of retirement; I do NOT draw/receive income from them.
☐	☐	I own Real Estate. I owe/pay a mortgage on this property: ☐ No ☐ Yes Owe: $ _____
☐	☐	I own Real Estate and I am currently renting the property to others. Monthly rent amount: $ _____
☐	☐	I own Real Estate and I am in the process of selling the property. Or, I have a reverse mortgage.
☐	☐	I own Real Estate and I hold a mortgage or Deed of Trust (I'm selling the property on contract).
☐	☐	I have a Life Insurance Policy (exclude Term Life).
☐	☐	I hold personal property as an investment (Coin collections, gems, antique cars, etc.).
☐	☐	I have other forms of assets not specified above. Source: _____ Amount: $_____
☐	☐	I have disposed of assets for more than $1,000 less than Fair Market Value (FMV) during the past 2 years.
☐	☐	I have cash–on-hand. The amount is: $ _____

- Total household assets are: ☐ Over $5,000 -OR- ☐ Under $5,000.

Under penalty of perjury, I certify that the information provided in this certification is true and correct 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 may result in the termination of a lease agreement.

_____ _____

Signature of Applicant/Tenant Date

NOTE: Section 1001 of Title 18 of the US 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.

申请人/租户问卷

每位年满18岁或以上的家庭成员（或未满18岁但被认定为户主、共同户主或配偶者）必须单独填写一份问卷。

此表格由申请人/租户填写 - 请通过勾选“是”或“否”回答以下各项陈述，并根据您的情况填写所有适用的附加信息。

申请人/租户姓名：_____ 单元号：_____

物业名称：_____

是	否	
☐	☐	我去年为自己、与配偶/伴侣共同和/或为我的企业申报了纳税申报表。
☐	☐	我已婚并提交联合纳税申报表。
☐	☐	我是学生： ☐非全日制 ☐ 全日制 学校名称：_____

收入

申请人/租户所有来源的预估月总收入： $_____

是	否	
☐	☐	我受雇并获得工资。我从事多份工作？ ☐ 是 #_____ ☐ 否
☐	☐	我获得以下收入：(小费：$_____/周) – (佣金：$_____/月) – (奖金：$_____/年)
☐	☐	我是 ☐ 自雇人士 或 ☐ 企业主。企业类型：_____
☐	☐	我已获得新工作并将于：_____开始工作。
☐	☐	我目前请假中。若勾选“是”，请填写休假时长：开始日期：_____ 结束日期：_____
☐	☐	我领取以下收入 ☐ 失业补偿金 ☐ 工伤赔偿金 ☐ 伤残补偿金 ☐ 解雇补偿金
☐	☐	我领取/有权领取子女抚养费和/或赡养费。
☐	☐	我领取退伍军人福利 (VA)。
☐	☐	我领取 ☐ 社会保障金 (SS) ☐ 补充保障收入（SSI） ☐ 社会保障伤残金 (SSD)
☐	☐	我领取政府住房补贴，例如 ☐ 第8条, ☐ RD ☐其他：_____
☐	☐	我领取福利/公共援助金，例如 TANF, AFDC（不含食品券）或其他：_____
☐	☐	我的暂时不住在本单元的家庭成员向我提供收入。
☐	☐	我领取养老金、年金、IRA、401K、信托收入或其他：_____
☐	☐	我定期从家人、朋友或其他来源获得款项：_____
☐	☐	我从与我同住的寄养儿童（非劳动所得）或寄养成人（劳动所得/非劳动所得）处获得收入。
☐	☐	我从长期护理保险、伤残保险金和/或死亡抚恤金中获得定期收入。
☐	☐	我有上述未列明的其他形式收入。来源：_____ $_____/月。

资产

是	否	
☐	☐	我有 #_____个支票账户： 列出银行名称：_____
☐	☐	我有 #_____个储蓄账户： 列出银行名称：_____
☐	☐	我有 #_____个货币市场账户： 列出银行名称：_____
☐	☐	我拥有 #_____张存单 (CD)： 列出银行名称：_____
☐	☐	我在银行保管箱或其他安全地点存放资产。金额/价值： $_____
☐	☐	我持有股票、债券、国库券和/或共同基金投资。
☐	☐	我拥有养老金、年金、IRA、401K 或其他形式的退休金；但我目前不从其中提取/领取收入。
☐	☐	我拥有不动产。我对此房产负有/支付抵押贷款： ☐ 否 ☐ 是 所欠金额：$_____
☐	☐	我拥有不动产并目前出租给他人。月租金金额：$_____
☐	☐	我拥有不动产并正在出售该房产。或，我拥有反向抵押贷款。
☐	☐	我拥有不动产并持有抵押权或信托契约（我正通过合同出售该房产）。
☐	☐	我拥有人寿保险单（不含定期寿险）。
☐	☐	我持有作为投资的个人财产（硬币收藏、珠宝、古董车等）。
☐	☐	我有上述未列明的其他形式资产。来源：_____ 金额：$_____
☐	☐	我在过去2年内以低于公允价值 (FMV) $1,000 以上的价格处置过资产。
☐	☐	我持有现金。金额为：$_____

- 家庭资产总额为： ☐ 超过 $5,000 -或- ☐ 低于 $5,000.

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_____ _____

申请人/租户签字 日期

如有疑问或对翻译的改进建议，请发送邮件至 Language.Access@HCS.oregon.gov

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