



self-certification questionnaire

Head of Household Name	Unit Number
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The information on this form is needed to certify/recertify your household. **Please complete this entire form and leave no blanks.** If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

part 1 household composition

hh member	full name	relationship to head of household (hoh)	date of birth	student? (includes grades k-12)	if a student: full-time (ft) or part-time (pt)?
1		HoH		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
4				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
5				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
6				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> FT <input type="checkbox"/> PT
Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain:					<input type="checkbox"/> Yes <input type="checkbox"/> No

part 2 tenant income

hh member #	household member name	income source (wages, ssi, child support, etc.)	gross monthly amount
			\$
			\$
			\$
			\$
			\$
			\$

part 3 asset information

hh member #	household member name	asset source (checking, savings IRA, etc.)	cash value of asset	annual income from asset
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

part 4 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

please choose **one** option below that best describes your **household**

<input type="checkbox"/>	The household contains at least one occupant who is not a student and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). List non-student here:
<input type="checkbox"/>	The household contains all students , but is qualified because at least one occupant is a part time student. Verification of part time student status is required. List part-time students here:
<input type="checkbox"/>	The household contains all students who were, are, or will be full time for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below.

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than the parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist is attached).

signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our 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.

All household members ages 18 and older must sign and date.

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date