

**Certification Questionnaire  
(For Applicants and Recertifying Residents)**

Head of Household Name: \_\_\_\_\_ Apartment # \_\_\_\_\_

Phone # \_\_\_\_\_

The information on this form is needed in order to certify/re-certify 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 I. Household Composition**

HH Mbr	Full Name	Relationship to Head of Household (HoH)	Date of Birth	Student? (Answer Yes for grades K-12)	If Student: Full Time (FT) or Part Time (PT) Student?
1		HoH		Yes <input type="checkbox"/> No <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>
2				Yes <input type="checkbox"/> No <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>
3				Yes <input type="checkbox"/> No <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>
4				Yes <input type="checkbox"/> No <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>
5				Yes <input type="checkbox"/> No <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>
6				Yes <input type="checkbox"/> No <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>

**Do you expect any additions to the household within the next 12 months?** (check one) Yes  No   
If yes, please explain:

**Part II. Tenant Income**

Yes	No	Does your household have income from the sources listed below?	Monthly gross Income	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Self employment. (List nature of self employment) _____	(use <b>net</b> income from business) \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Employment with a third party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation.  <b>If yes, list the employment information in Part III below.</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (exclude food stamps, groceries and/or day care costs when the day care center is paid directly by the gift-giver)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment benefits	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration, GI Bill or National Guard/Military benefits/income	\$ _____	

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Yes	No	Does your household have income, assistance, or benefits from the sources listed below?	Monthly Income or Assistance Amt	HH MBR #
<input type="checkbox"/>	<input type="checkbox"/>	Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (exclude student loan awards which must be repaid)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Retirement benefits from Social Security	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Unearned</b> income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Disability or death benefits other than Social Security	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Public Housing Assistance/Rental Assistance/Section 8 Voucher Housing Authority providing the assistance: _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Public Assistance Income (example: TANF)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Child support payments. If yes, for how many children do you receive support? _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support: _____	Anticipated Amt: \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony/spousal support payments	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Income from real or personal property	(use <b>net</b> earned income) \$ _____	

**Part III. Current Employment Information**  
*(please attach a separate form for additional employment, if needed)*

Resident's name		Occupation/Title		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Salary/Rate of Pay: \$ _____	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Weekly	# of hours worked per week	Work Fax
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Biweekly		
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Annually		

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**Part III. Current Employment Information (cont.)**

Resident's name		Occupation/Title		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Salary/Rate of Pay: \$ _____	<input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# of hours worked per week	Work Fax

Resident's name		Occupation/Title		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Salary/Rate of Pay: \$ _____	<input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# of hours worked per week	Work Fax

**Part IV. Previous Employment Information**  
**(Not required for retired persons)**

Resident's name		Occupation		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Ending Salary/ Rate of pay \$ _____ per _____	Termination Date		Work Fax	

Resident's name		Occupation		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Ending Salary/ Rate of pay \$ _____ per _____	Termination Date		Work Fax	

**Part V. Student Status Certification**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your household anticipate becoming a full time student in the next 12 months who is not currently a full time student now?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist entirely of persons who are all full time students five or more months in a calendar year (Examples: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been a full time student during the past 12 months? If yes, give the dates (mo/yyyy):
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member attended school in this calendar year _____? If yes, give the month/dates (mo/yyyy):

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<p><b>If you answered yes to the previous question, are you:</b></p> <p><input type="checkbox"/> Married and filing a joint tax return</p> <p><input type="checkbox"/> Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program</p> <p><input type="checkbox"/> Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)</p>	<p><input type="checkbox"/> Single parent with child(ren), and the parent is not a dependent of another individual, and the child(ren) are not dependents of another individual other <i>than their parents</i></p> <p><input type="checkbox"/> A person previously under the care and placement of the state agency (foster care)</p>
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**Part VI. Asset Information Certification Questionnaire**

Yes	No	Do you have assets as listed below?	HH Mbr #	Acct #(s)	Interest Rate	Cash Value
<input type="checkbox"/>	<input type="checkbox"/>	Checking account(s). If yes, list bank(s) and the account number(s) 1) _____ 2) _____	_____ _____		_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Savings account(s). If yes, list bank(s) and the account number(s) 1) _____ 2) _____	_____ _____		_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Revocable trust(s). If yes, list bank or Trustee Name: _____	_____ _____		_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description: _____	_____ _____			\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Personal property that is being held as an investment. If yes, describe: _____	_____ _____		_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Stocks, bonds, or Treasury Bills. If yes, list sources/bank names and the account number(s) 1) _____ 2) _____	_____ _____		_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names and the account number(s) 1) _____ 2) _____	_____ _____		_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	IRA/Lump Sum Pension/Keogh Account/401(k). If yes, list bank(s) and the account number(s) 1) _____ 2) _____	_____ _____		_____% _____%	\$ _____ \$ _____

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Yes	No	Do you have assets as listed below?	HH Mbr #	Acct #(s)	Interest Rate	Cash Value
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a life insurance policy (exclude term policies). If yes, what is/are the policy/account number(s)_____	_____ _____		_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have cash on hand or cash in a safe deposit box.	_____ _____		_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: _____	_____ _____		_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have income from assets or sources other than those listed above. If yes, list type below: _____	_____ _____		_____%	\$ _____

**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.**

\_\_\_\_\_  
Print name of Applicant/Resident

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Applicant/Resident

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Other Adult HH Mbr

\_\_\_\_\_  
Signature of Other Adult HH Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Other Adult HH Mbr

\_\_\_\_\_  
Signature of Other Adult HH Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by (Signature of Owner/Representative)

\_\_\_\_\_  
Date