

SELF-CERTIFICATION QUESTIONNAIRE

Head of Household Name: _____ Apartment # _____
 Phone # _____

The information on this form is needed in order to 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"/>

PART II. TENANT INCOME

Show household income by household member.	Gross Monthly Income:	Source (wages, SSI, child support etc.)
1. _____	\$ _____	_____
2. _____	\$ _____	_____
3. _____	\$ _____	_____
4. _____	\$ _____	_____

PART III. 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 5 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):

SELF-CERTIFICATION QUESTIONNAIRE

<p>If you answered yes to the previous question, are you:</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 IV. ASSET INFORMATION

Show assets by household member.	Amount:
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

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
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PRINT NAME OF APPLICANT/RESIDENT	SIGNATURE OF APPLICANT/RESIDENT	DATE
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PRINT NAME OF OTHER ADULT HH MBR	SIGNATURE OF OTHER ADULT HH MEMBER	DATE
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PRINT NAME OF OTHER ADULT HH MBR	SIGNATURE OF OTHER ADULT HH MEMBER	DATE
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REVIEWED BY (SIGNATURE OF OWNER/REPRESENTATIVE)	DATE
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