



certification questionnaire

for applicants and recertifying residents

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 mbr	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

does your household have income, assistance, or benefits from the sources listed below?	monthly income/assistance amount	hh mbr #
<input type="checkbox"/> Yes <input type="checkbox"/> No Self employment (<i>list nature of self employment</i>)	<small>(use net income from business)</small> \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 3 below.</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No 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"/> Yes <input type="checkbox"/> No Unemployment benefits	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Veteran's Administration, GI Bill, or National Guard/military benefits/income	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (<i>exclude student loan awards which must be repaid</i>)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Retirement benefits from Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Disability or death benefits other than Social Security	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	\$	

<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we receive public assistance income (example: TANF)	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Child support payments. If yes, for how many children do you receive support?	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	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 Amount: \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony/spousal support payments	\$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: 1. 2.	\$ \$	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from real or personal property	(use net earned income) \$	

part 3 current employment information *(please attach a separate form for additional employment, if needed)*

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State	Zip Code	
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State		Zip Code
Date Hired	Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# Hours Worked Per Week	Work Phone	Work Fax

part 4 previous employment information *(not required for retired persons)*

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State		Zip Code
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

Resident Name				Occupation/Title		
Employer Name				Contact Person		
Employer Address						
City				State		Zip Code
Date Hired	Ending Salary/Rate of Pay \$	<input type="checkbox"/> 2x a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Term. Date	Work Phone	Work Fax

part 5 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 student 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)f	<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"/>

part 6 asset information certification questionnaire

do you have assets as listed below?		hh mbr #	account #(s)	interest rate	cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking account(s). If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings account(s). If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust(s). If yes, please indicate which type (revocable or non-revocable), bank, and/or trustee's name. 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description.				\$

do you have assets as listed below?		hh mbr #	account #(s)	interest rate	cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal property that is being held as an investment. If yes, describe:			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks, bonds, or Treasury bills. If yes, list sources/bank name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit (CD) or Money Market account(s). If yes, list source(s)/bank name(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	IRA/Lump Sum Pension/Keogh Account/401k. If yes, list bank(s). 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	Benefit Cards (Direct Express Debit, TANF, and/or unemployment benefits)				\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have a life insurance policy (exclude term policies). If yes, list company. 1. 2.			% %	\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have cash on hand or cash in a safe deposit box.			%	\$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.				\$ \$
<input type="checkbox"/> Yes <input type="checkbox"/> No	I/we have income from assets or sources other than those listed above. If yes, list type below.			%	\$

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.

Print Name of Resident	Signature	Date
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Print Name of Resident	Signature	Date
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Print Name of Other Adult Household Member	Signature	Date
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Print Name of Other Adult Household Member	Signature	Date
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Reviewed by (Signature of Owner/Representative)	Date
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All household members ages 18 or over must sign and date.