certification questionnaire

for applicants and recertifying residents

Head of Household Name	Unit Number

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		☐ Yes ☐ No	☐ Full-time ☐ Part-time
2				☐ Yes ☐ No	☐ Full-time ☐ Part-time
3				☐ Yes ☐ No	☐ Full-time ☐ Part-time
4				☐ Yes ☐ No	☐ Full-time ☐ Part-time
5				☐ Yes ☐ No	☐ Full-time ☐ Part-time
6				☐ Yes ☐ No	☐ Full-time ☐ Part-time
Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain:					☐ Yes ☐ No

part 2 tenant income

does your household have income, assistance, or benefits from the sources listed below?		monthly income/ assistance amount	hh mbr #
☐ Yes ☐ No	Self employment *(list nature of self employment)*	*(use* **net income** *from business)* $	
☐ Yes ☐ No	Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. *If yes, list the information in Part 3 below.*		
☐ Yes ☐ No	Unemployment benefits	$	
☐ Yes ☐ No	Veteran's Administration, GI Bill, or National Guard/ military benefits/income	$	
☐ Yes ☐ No	Educational assistance (for full- and part-time students)	$	
☐ Yes ☐ No	Retirement benefits from Social Security	$	
☐ Yes ☐ No	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	$	
☐ Yes ☐ No	**Unearned** income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	$	
☐ Yes ☐ No	Disability or death benefits other than Social Security	$	
☐ Yes ☐ No	Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	$	
☐ Yes ☐ No	I/we receive public assistance income (example: TANF, OAP and AND)	$	
☐ Yes ☐ No	Child support payments. If yes, for how many children do you receive support?	$	
☐ Yes ☐ No	Alimony/spousal support payments	$	
☐ Yes ☐ No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions. If yes, list sources: 1. 2.	$ $	
☐ Yes ☐ No	Income from real or personal property	*(use* ***net earned income)*** $	

does your household have income, assistance, or benefits from the sources listed below?		monthly income/ assistance amount	hh mbr #
☐ Yes ☐ No	Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance? If yes, who provides the cash assistance? What is the average cash amount you receive?	How often do you receive the cash assistance? ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other: $	
☐ Yes ☐ No	Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.? If yes, who helps you pay the bills or expenses? What is the average amount of assistance you receive?	How often do they pay the bills or expense? ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other: $	

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 $	☐ 2x a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Number of 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 $	☐ 2x a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Number of 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 $	☐ 2x a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Number of 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 $	☐ 2x a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Terminate 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 $	☐ 2x a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Terminate 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.**	
☐	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:
☐	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 non-student here:
☐	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.**

Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	☐ Yes ☐ No
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)?	☐ Yes ☐ No
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	☐ Yes ☐ No
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)	☐ Yes ☐ No
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	☐ Yes ☐ No

part 6 asset information certification questionnaire

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
☐Yes ☐No	RVs, ATVs, boats, antique cars, stamp collections, etc. 1. Description: 2. Description:		$ $		$ $
☐Yes ☐No	Cash on hand.		$		$
☐Yes ☐No	Checking account(s). If yes, list **bank name(s) and account number(s).** 1. Account number: 2. Account number:		$ $	% %	$ $
☐Yes ☐No	Saving account(s). If yes, list **bank name(s) and account number(s).** 1. Account number: 2. Account number:		$ $	% %	$ $
☐Yes ☐No	Debit card(s). If yes, list **last 4 numbers of the card(s).** (not linked to an account that is listed above) 1. Last 4 numbers on card: 2. Last 4 numbers on card:		$ $		$ $
☐Yes ☐No	Internet-based assets (Cash App, Venmo, Paypal, Applepay, etc.		$	%	$

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
☐Yes ☐No	Brokerage account. If yes, list **bank name(s) and account number(s).** 1. Account number: 2. Account number:		$ $	% %	$ $
☐Yes ☐No	Capital investments.		$	%	$
☐Yes ☐No	Annuities. If yes, list **bank name(s) and account number(s).** 1. Account number: 2. Account number:		$ $	% %	$ $
☐Yes ☐No	Money market. If yes, list **bank name(s) and account number(s).** 1. Account number: 2. Account number:		$ $	% %	$ $
☐Yes ☐No	Life Insurance (do not include term life). if yes, **list company.** 1. 2.		$ $	% %	$ $
☐Yes ☐No	Cryptocurrency (Ethereum, Tether, Bitcoin, etc.).		$		$
☐Yes ☐No	Stocks/Bonds. If yes, list **company** where held. 1. 2.		$ $	% %	$ $

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
☐Yes ☐No	Certificate of Deposit. If yes, list **bank name(s) and account number(s).** 1. Account number: 2. Account number:		$ $	% %	$ $
☐Yes ☐No	Trust funds that are under control of the household. If yes, list **bank name(s) and account number(s).** 1. Account number: 2. Account number:		$ $	% %	$ $
☐Yes ☐No	Lump Sum amounts (lottery/inheritance, etc). 1. Description: 2. Description:		$ $	% %	$ $
☐Yes ☐No	Safety Deposit Box and its contents.		$	%	$
☐Yes ☐No	Other 1. Description: 2. Description:		$ $	% %	$ $

non-necessary personal property		hh mbr #	cash value	interest rate	annual income
☐Yes ☐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				
	1. Item and date disposed:		$	%	$
	2. Item and date disposed:		$	%	$
	[A] Total cash value of non-necessary personal property:		$	**[B] Total Income:**	$

Important Note: If the above total value [A] is equal to or less than the current threshold, it is not added into the Total Net Assets Section [F] below. However, total income from non-necessary personal property is added to total asset income [G] below.

real property		hh mbr #	cash value	interest rate	annual income
☐Yes ☐No	Description of property				
	1.		$		$
	2.		$		$
	[C] Total real property value:		$	**[D] Total income from real property**	$

Total Net Assets and Income			
[E] Tax Return: **Have you received a tax refund in the last 12 months?** ☐ **No** ☐ **Yes** → Value of return/credit	$	**Subtract tax return/ credit (if any) from total net assets. See formula for [F]**	
[F] Total Net Assets: (Total real property [C] plus non-necessary personal property [A] if [A] exceeds the current threshold minus [E] tax return/refundable credit	$	**G] Total Asset Income:** [B] + [D]	$

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 household assisted 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.

Print Name of Resident | Signature | Date

Print Name of Resident | Signature | Date

Print Name of Other Resident | Signature | Date

Print Name of Other Resident | Signature | Date

Reviewed by (Signature of Owner/Representative) | Date

All household members ages 18 or over must sign and date.