



assisted living certification questionnaire

Property 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 ask the Administrator. Thank you for your cooperation.

part 1 household composition

full name	date of birth

part 2 resident income

income source (pension, social security, ssi, etc.)	gross monthly income
1.	\$
2.	\$
3.	\$
4.	\$

part 3 asset information

asset source (including bank accts, non-necessary personal property, real property, stocks, bonds, whole life insurance policies)	cash value of asset*	annual income from asset
1.	\$	\$
2.	\$	\$
3.	\$	\$
4.	\$	\$

* Cash value is defined as market value less the cost of converting the asset to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc. Do not include items such as household furniture, daily-use autos, clothing, active business assets, or special equipment for use by the disabled. Non-necessary items of personal property includes bank accounts, boats, ATV's, coin collection, antique cars, etc. Real property includes a home, land or building that any member of the household owns.

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
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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 mark the box below **if** it correctly describes your status.

- ☐ I am not currently a **full-time** student, **and** I have not been, and will not be a **full-time** student for five months or more out of the current calendar year (months need not be consecutive).

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.

Print Name of Resident

Signature

Date

Reviewed by (Signature of Owner/Representative)

Date