

# TENANT CERTIFICATION / RECERTIFICATION QUESTIONNAIRE

**NOTE TO TENANT:** In order for us to determine your eligibility or continued eligibility, you must provide *all* information included in this questionnaire. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable Housing Program. *Providing false information may result in loss of your housing.*

Tenant Name:			Home Telephone Number: ( )
Address:			Apartment Number:
City:	State:	Zip:	Alternate Telephone Number: ( )

Marital Status:  Single  Married  Widowed  Divorced

## HOUSEHOLD COMPOSITION

*Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".*

List yourself and anyone who will live with you within the next 12 months. Be sure to include members temporarily away from home, including (but not limited to): dependents away at school, military persons stationed away from home that have a spouse or dependent in the home.

*Please list household members starting with head of household on line 1, then in order of oldest to youngest.*

	Last Name, First Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status:		
						Full Time	Part Time	N/A
1								
2								
3								
4								
5								
6								

1) Do you anticipate any changes in the size of your household *within the next 12 months*?  Yes  No  
(Example: a future spouse, a minor entering the home through adoption, children returning from foster care, etc.)

If yes, please describe any changes here: \_\_\_\_\_

2) Will anyone under age 18 listed above live in the unit *less than* 50% of the next 12 months?  N/A  Yes  No

If yes, please explain here: \_\_\_\_\_

3) Does any member in your household have a disability and/or require a live-in care attendant or assistive accommodations?

Yes  No If yes, please explain here: \_\_\_\_\_

4) Is any adult member of you household separated, but not divorced?  Yes  No

5) Does your household receive, or is it applying to receive, Section 8 rental or voucher assistance?  Yes  No



## STUDENT ELIGIBILITY QUESTIONS

- 6) Are **ALL** members of your household full-time students?  Yes  No
- 7) Will **ALL** members of your household be full-time students during any 5 months of this year?  
(Example: a student who goes to school full-time in any part of January, February, April, October, and November)  Yes  No
- 8) Will **ALL** members of your household be full-time students during any 5 month of next year?  Yes  No
- 9) Is **ANY ADULT** member of your household a part or full-time student in an institute of higher education?  Yes  No  
If yes, who is enrolled? \_\_\_\_\_ Which school are they enrolled in? \_\_\_\_\_  
How do they pay for their education? \_\_\_\_\_ What is the cost of tuition per semester? \$ \_\_\_\_\_
- 10) Does **ANY ADULT** member of your household intend to become a student within the next 12 months?  Yes  No  
If yes, who will be enrolling in school? \_\_\_\_\_  
If yes, will they be enrolling as a full-time or part-time student? \_\_\_\_\_

## ALIMONY / CHILD SUPPORT INFORMATION

- 11) Does any member of your household have a COURT ORDER to receive Child Support or Alimony payment, even if no child support or alimony is being received? (Case ID#) \_\_\_\_\_  Yes  No

**IF "NO," SKIP TO QUESTION 12**

a) Name of person with court order: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

b) Name of person(s) paying support/alimony: \_\_\_\_\_

Are the **FULL** court-ordered amount(s) being received?  Yes  No

If "**NO**", are you making efforts to collect the amounts due?  Yes  No

If "**YES**", please explain the efforts you are making here: \_\_\_\_\_

- 12) Does any member of your household receive Child Support or Alimony payments that are **NOT COURT ORDER**?  
(This includes help from children's father or mother for clothes, groceries, etc.)  Yes  No

**IF "NO," SKIP TO NEXT SECTION.**

a) Payment Amount: \$ \_\_\_\_\_ per \_\_\_\_\_

b) Name of person(s) paying support/Alimony:

\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ for child: \_\_\_\_\_



## INCOME INFORMATION

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<b>13) Is any member of the household employed?</b>	
		<b>Job 1) Who is employed?</b> _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		If you are reporting income amount as amount per hour, enter average number of hours per week: _____	
		<b>Job 2) Who is employed?</b> _____	AMT \$ _____
		What company? _____ Phone: _____	PER _____
		If you are reporting income amount as amount per hour, enter average number of hours per week: _____	
		<input type="checkbox"/> <b>Check if there are any additional jobs in the household</b> (attach a separate sheet with contact information)	
<input type="checkbox"/>	<input type="checkbox"/>	<b>14) Are any household members self-employed?</b>	
		Who is employed? _____	AMT \$ _____
		What type of work does this person do? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>15) Are any adult members of your household unemployed?</b>	
		Which adult members are unemployed? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>16) Does any household member receive pay from the military?</b>	
		Who is paid by the military? _____	AMT \$ _____
		Which branch of the military? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>17) Does any household member receive any payments from the Social Security Administration? Which type:</b> <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> Other	AMT \$ _____
		Who receives payments from the Social Security Office? _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>18) Does any household member receive severance pay or worker's compensation?</b>	
		Who is receiving severance pay or worker's compensation? _____	AMT \$ _____
		What company pays them? _____	PER _____
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>19) Is any household member unemployed and receiving payments from an Unemployment Agency?</b>	AMT \$ _____
		Who is receiving unemployment benefits? _____	PER _____
		Contact Person: _____ Phone: _____	



## INCOME INFORMATION CONTINUED

The questions regarding household income apply to all members of your household, including minors and those temporarily absent from the home.

YES	NO	TYPE OF INCOME	INCOME AMOUNT
<input type="checkbox"/>	<input type="checkbox"/>	<b>20) Does any household member receive Public Assistance payments such as TANF or AFDC? (Please do not include Food Stamp benefits here.)</b>	AMT \$ _____
		Who is receiving TANF or AFDC benefits? _____	PER _____
		Caseworker: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>21) Does any household member receive periodic payments from a pension, annuity or retirement benefit account?</b>	AMT \$ _____
		Please check one: <input type="checkbox"/> Pension <input type="checkbox"/> Annuity <input type="checkbox"/> Other Retirement	PER _____
		Who receives these benefits? _____	
		What company pays this person? _____	
		Contact Person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>22) Does anyone outside of your household provide you with cash or contributions to help pay expenses that a household would normally pay, such as rent, utility payments or groceries?</b>	AMT \$ _____
		What is the name of the person that pays you? _____	PER _____
		What is their address? _____	
		Phone number? _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>23) Is there any other source of income we haven't already asked about above that you receive?</b>	AMT \$ _____
		Please Describe: _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>24) Does your household expect any changes in their income <i>within the next 12 months</i>?</b>	AMT \$ _____
		Please Describe: _____	PER _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>25) Does your household receive long-term care insurance payments, in excess of \$180 per day, for a family member residing in a long-term care facility?</b>	AMT \$ _____
		Which household member is in a long-term facility? _____	PER _____
		Which household member are the payments made to? _____	
		What company pays this person? _____	
		Contact person: _____ Phone: _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>25) Do any adult members of your household have zero income?</b>	
		Which adult members have zero income? _____	



## ACCOUNT / ASSET INFORMATION

The questions regarding household accounts /assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

### ACCOUNT INFORMATION

- 27) Does any household member have a Checking, Savings, CD or Money Market account?

Bank 1) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Account Type:  Checking  Savings  CD  Money Market

Bank 1) Bank Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Account Type:  Checking  Savings  CD  Money Market

- Check if there are additional accounts of these types belonging to the household.  
(attach a separate sheet with the bank name, account type and name(s) on the account)

- 28) Does any household member have Stocks, Bonds, Mutual Funds, Capital Investments or a Whole Life Insurance Policy? (life insurance that you can make withdrawals from even if there isn't a death. We do not count TERM insurance)

Institution Name? \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type:  Stocks  Bonds  Mutual Funds  Whole Life Insurance

- 29) Does any household member have an IRA, Keogh, 401K, Annuity or similar retirement account?

Institution Name? \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type:  IRA  Keogh  401K  Other: \_\_\_\_\_

- 30) Does any household member have a Pension account that will pay upon retirement or termination of employment (NOT including IRA, Keogh, 401K or Annuity accounts)?

Institution Name? \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_

- 31) Does any household member own any Real Estate? (Include Rental Property, Primary Residence, Vacation Property, Time-Shares, Commercial Property and Property being sold by deed of trust or Contracts for Deed)

Property Owner(s): \_\_\_\_\_ Type of Property: \_\_\_\_\_

What is the name of the bank or institution with financial interest in this property? (Mortgage Holder, Contract Owner, etc.)

Contact Phone: \_\_\_\_\_ Account Type: \_\_\_\_\_

- 32) Does any household member have personal property that they hold for investment purposes that they plan to sell at a later date for profit? (Examples include: coin or stamp collections, antique cars, jewelry, etc.)

Property Type: \_\_\_\_\_ Estimated Cash Value: \$ \_\_\_\_\_

- 33) Does any household member have a Trust Account?

Institution Name: \_\_\_\_\_ Name(s) on Account: \_\_\_\_\_

Is this account a Revocable or Non-Revocable Trust Account? \_\_\_\_\_ Contact Phone: \_\_\_\_\_

- 34) Does any household member have any Treasury Bills or Government Savings Bonds? ([www.savingsbonds.gov](http://www.savingsbonds.gov))

Which household member: \_\_\_\_\_

Series: \_\_\_\_\_ Face Value: \$ \_\_\_\_\_ Serial Number: \_\_\_\_\_ Issue Date: \_\_\_\_\_



Please read each question carefully, answer each question completely and be prepared to verify items checked "yes".

## ACCOUNT / ASSET INFORMATION (CONTINUED)

The questions regarding household accounts /assets apply to all members of your household, including minors and those temporarily absent from the home.

YES NO

### ACCOUNT INFORMATION

- 35) Does any household member have cash on hand or safe deposit boxes?

Which household member: \_\_\_\_\_ What amount is kept on hand? \$ \_\_\_\_\_

- 36) Does any household member have any accounts or assets that were not described above? (Please DO NOT include personal use vehicles, furniture, clothing, etc.)

What type of account or asset is this? \_\_\_\_\_

What is the estimated value of this asset if you were to set it today? \$ \_\_\_\_\_

- 37) In the past two years, has any household member given away any asset(s) for less than they were worth?  
(Examples include property, transferring an asset account into someone else's name, charitable contributions etc.)

What is the estimated value of this asset? \$ \_\_\_\_\_

## HOUSEHOLD CERTIFICATION

I understand that the information provided on the questionnaire will be used to determine my eligibility for Section 42 compliant properties. Under penalties of perjury, I certify that the information I provided is true and accurate to the best of my knowledge. I also understand that providing false information is considered fraud and punishable according to the law and may result in the loss of my housing at this property.

I also understand that the information provided is considered confidential and will be used solely for the purpose of determining my eligibility or continued eligibility in the Section 42 housing program.

CERTIFICATION: All household members who are 18 years of age, or will be 18 years of age within the upcoming 12 month period must sign below.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date

### MANAGEMENT SIGNATURE:

This application / questionnaire accepted by:

\_\_\_\_\_  
Apartment Management / Owner's Agent

\_\_\_\_\_  
Date

**NOTE:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

**In keeping with the Fair Housing Act, we do not discriminate based on Familial Status, Race, Sex, Disability, Color, Religion or National Origin.**

