APPLICANT QUESTIONNAIRE

All household members 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete a separate questionnaire. Check "Yes" or "No" to each question as they apply to you. **Form to be completed by the applicant.**

Applicant Name:_____ Unit #: _____

Applicants Estimated **GROSS** Monthly Income (prior to deductions or taxes withheld): $_____

Yes	No	
		I filed a tax return last year for myself, jointly with my spouse, and/or for my business.
		I am married and am entitled to file a joint tax return. Spouses Name _____
		I am employed and receive wages. Estimated Monthly Gross Income $_____
		I am employed and receive overtime/tips/commissions/bonuses. Estimated Monthly Amount(s) $_____
		I am self-employed and/or own a business. Last Year's Earnings $_____
		I have secured new employment and will begin during the next 30 days (from eff. Date of certification).
		I am on leave of absence from work. If yes, for how long? _____
		I receive income from Unemployment, Workers Compensation and/or Disability Compensation. Amount $_____
		I receive/am entitled to receive Child Support and/or Alimony payments. Amount $_____
		I receive Social Security (SS), Supplemental Security (SSI), or Social Security Disability (SSD) income. Amount $_____
		I receive Welfare/Public Assistance (i.e. AFDC, TANF, etc) (**exclude** Food Stamps). Amount $ _____
		I receive Section 8 or other Rental Assistance. Agency providing Assistance _____
		I am, or will be in the next 12 months, a Part-time or Full-time Student (financial assistance verification may be needed if receiving Section 8).
		If YES, provide the name of Educational Facility _____
		I receive income from a household member(s) **temporarily** absent from the unit. Amount $_____
		I receive income from a household member(s) permanently confined to a hospital or nursing home. $_____
		I receive periodic payments from family, friends, church, etc. Amount $_____
		I receive income from a foster child (unearned) or foster adult (earned/unearned) who resides with me. $_____
		I receive periodic income from Long-Term Care insurance, Disability, and/or Death Benefits. Amount $_____
		I have a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s). Value $_____
		I receive income from a Pension, Annuity, IRA, Keogh, 401K, Trust, and/or other retirement account(s). $_____
		Are there any anticipated changes in the Household composition over the next 12 months?
		If YES, list anticipated changes here _____
		I have (check one): ☐ one ☐ multiple Checking account(s). Average 6 month balance $_____
		I have (check one): ☐ one ☐ multiple Savings account(s). Current balance $_____
		I have (check one): ☐ one ☐ multiple Money Market account(s). Current Value $_____
		I own (check one): ☐ one ☐ multiple Certificate of Deposit(s). Current Value $_____
		I have cash on hand or in a safe deposit box. Value $_____
		I have investments in Stocks, Bonds, Treasury Bills and/or Mutual Funds. Value $ _____
		I own Real Estate or am in the process of selling real estate. Current Value $_____
		I hold a Mortgage or Deed of Trust. Current Value $_____
		I have a Life Insurance policy (exclude Term Life). Current Value $_____
		I have other forms of income or assets not specified above (i.e., Adoption Assistance, Resident Stipend, etc.). $_____
		I have disposed of assets for more than $1,000 less than Fair Market Value (FMV) during the past two years.

I have assets: ☐ **No** **OR** ☐ **Yes – Combined household** assets are **under $5,000**
☐ **Yes – Combined household** assets are **$5,000 or more** (obtain third-party verification)

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. I further certify that this will be my permanent residence and that I do not maintain another subsidized rental at any other location.

_____ _____
Signature of Applicant Date