

**AFFORDABLE HOUSING
 CERTIFICATION QUESTIONNAIRE**

Dear Applicant:

The information on this questionnaire is needed in order to qualify your household as required by HUD (Housing & Urban Development) for an affordable unit. Please complete this entire questionnaire and leave no blanks. If there are any questions that you do not understand, please call the Property Manager. We thank you in advance for your cooperation.

Part I - Household Composition					
	Full Name	Relationship	Date of Birth	Social Security Number	Receiving any source of income?
1.		Head of Household			Yes <input type="checkbox"/> No <input type="checkbox"/>
2.					Yes <input type="checkbox"/> No <input type="checkbox"/>
3.					Yes <input type="checkbox"/> No <input type="checkbox"/>
4.					Yes <input type="checkbox"/> No <input type="checkbox"/>
5.					Yes <input type="checkbox"/> No <input type="checkbox"/>
6.					Yes <input type="checkbox"/> No <input type="checkbox"/>

Do you expect any additions to the household within the next 12 months? Yes No

Part II - Current Employment Information					
Resident's Name:		Occupation:		Work Phone #:	
Employer's Name & Address:				Contact:	
Date Hired:	Salary:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		# of hours per week:	Work Fax #:
	\$ _____				

Resident's Name:		Occupation:		Work Phone #:	
Employer's Name & Address:				Contact:	
Date Hired:	Salary:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		# of hours per week:	Work Fax #:
	\$ _____				

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Employer's Name & Address:				Contact:	
Date Hired:	Salary:	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly		# of hours per week:	Work Fax #:
	\$ _____				

If a member of the household is currently unemployed, do they anticipate receiving income in the next 12 months? Yes No

If yes, I/we anticipate my/our salary will be _____ annually. (Attach copy of latest tax returns.)

If a member of the household is currently 17 years old, do they anticipate receiving income in the next 12 months? Yes No

If yes, I/we anticipate my/our salary will be _____ annually.

Part III - Tenant Income Certification			
Income Information		Gross Monthly Income	Gross Annual Income
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we are self-employed. (List nature of self-employment) _____ (Attach copy of latest tax returns.)	\$ _____	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we receive unemployment benefits. (Attach supporting documents.)	\$ _____	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we receive periodic Social Security payments. (Attach Social Security Administration letter.)	\$ _____ \$ _____	\$ _____ \$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we receive periodic Supplemental Security Income (SSI). (Attach Social Security Administration letter.)	\$ _____ \$ _____	\$ _____ \$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we receive alimony/spousal support payments.	\$ _____	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I am/we are entitled to receive child support payments.	\$ _____	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I am/we are currently receiving child support payments. If No <input checked="" type="checkbox"/> : I am/we are currently making efforts to collect child support owed to me/us. List efforts being made to collect support. (If no efforts are being made- mark "NONE") _____		
Yes <input type="checkbox"/> No <input type="checkbox"/>	The household receives unearned income for family members age 17 or under. (Example: Social Security, trust fund disbursements, etc.) (Attach supporting documents.)	\$ _____	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we receive disability or death benefits, other than Social Security. (Attach supporting documents.)	\$ _____	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we receive Public Assistance Income. (Example: TANF) (Attach supporting documents.)	\$ _____	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we receive Public Housing Assistance. (Attach supporting documents.) <u>Name of Housing Authority:</u> _____	\$ _____	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we receive cash contributions or gifts, including rent or utility payments, on an ongoing basis from persons not living with me. (Excluding groceries and/or day care costs when the day care center is paid directly by the gift-giver.) (Attach supporting documents.)	\$ _____	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we receive periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: _____ _____ (Attach supporting documents.)	\$ _____ \$ _____	\$ _____ \$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we receive Veteran's Administration, GI Bill, or National Guard/Military benefits/income. (Attach supporting documents.)	\$ _____	\$ _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we receive income from real or personal property (Attach supporting documents.)	\$ _____	\$ _____

Part IV – Student Status Certification			
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does the household consist entirely of persons who are full-time students in an institution of higher education?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Does anyone in your household anticipate becoming a full-time student in an institution of higher education in the next 12 months, who is not currently a full-time student?		
	If you answered "Yes" to the above question, are you: <input type="checkbox"/> Married and filing a joint tax return? <input type="checkbox"/> Enrolled in a job training program receiving assistance through the Job Training Participation Act or other similar program? <input type="checkbox"/> Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)? <input type="checkbox"/> A single parent with child(ren), who is not a dependent of another individual, and the child(ren) is/are not dependent(s) of another individual other than <i>their</i> parents.		
Income Information		Gross Monthly Income	Gross Annual Income
Yes <input type="checkbox"/> No <input type="checkbox"/>	I am/ we are full-time or part-time students and receive Section 8 assistance. If [Yes] to the above, the amount of financial assistance I receive in excess of tuition is: All forms of student financial assistance (grants, scholarships, educational entitlements, work study programs, and financial aid packages) are excluded from annual income, except for students receiving Section 8 assistance. *Do not include assistance in excess of tuition if student applicant is over the age of 23 with dependent children OR if the student applicant is living with his or her parents who are also receiving Section 8 assistance.*	\$ _____	\$ _____

Part V – Asset Information Certification			
Income Information		Interest Rate	Interest Earned
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we have a checking account(s):		
	1) _____	_____ %	\$ _____
	2) _____	_____ %	\$ _____
	(Attach current bank statement.)		
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we have a savings account(s):		
	1) _____	_____ %	\$ _____
	2) _____	_____ %	\$ _____
	(Attach current bank statement.)		
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we own stocks, bonds or Treasury Bills		
	If yes, list sources/bank names(s):		
	1) _____	_____ %	\$ _____
	2) _____	_____ %	\$ _____
	(Attach current statement.)		
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we have Certificates of Deposit (CD) or Money Market account(s).		
	If yes, list sources/bank name(s):		
	1) _____	_____ %	\$ _____
	2) _____	_____ %	\$ _____
	(Attach current bank statement.)		
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we have an IRS/Lump Sum Pension/Keogh Account/401K		
	If yes, list banks(s):		
	1) _____	_____ %	\$ _____
	2) _____	_____ %	\$ _____
	(Attach supporting documents.)		
Yes <input type="checkbox"/> No <input type="checkbox"/>	I/we have income from assets or sources other than listed above. If yes, list type below:		
	1) _____	_____ %	\$ _____

	2) _____ (Attach supporting documents.)	_____ %	\$ _____
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ALL INCOME INDICATED ABOVE MUST HAVE SUPPORTING DOCUMENTS SUBMITTED WITH THIS COMPLETED/EXECUTED AFFORDABLE HOUSING CERTIFICATION QUESTIONNAIRE.

Under penalties of perjury, I/we 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.

Printed Name of Resident	Signature of Resident	Date
Printed Name of Resident	Signature of Resident	Date
Printed Name of Resident	Signature of Resident	Date
Printed Name of Resident	Signature of Resident	Date
Witnessed by Owner/Representative	Date	