



Equal Housing Opportunity

INCOME AND ASSET QUESTIONNAIRE



Handicapped Accessible

Certification Type:

Housing Program:

<input type="checkbox"/>	Move In / Initial Certification
<input type="checkbox"/>	Re-Certification Eff: _____
<input type="checkbox"/>	Other: _____

<input type="checkbox"/>	LIHTC	<input type="checkbox"/>	PBV	<input type="checkbox"/>	Other:
<input type="checkbox"/>	HOME	<input type="checkbox"/>	PH	<input type="checkbox"/>	Other:
<input type="checkbox"/>	HUD	<input type="checkbox"/>	USDA	<input type="checkbox"/>	Other:

1) HOUSEHOLD COMPOSITION (LIST YOURSELF FIRST)

NAME (LAST, FIRST, MI)	RELATIONSHIP	DOB	LAST (4) OF SSN	FT STUDENT?
	HEAD			() YES () NO
				() YES () NO
				() YES () NO
				() YES () NO
				() YES () NO
				() YES () NO
				() YES () NO
				() YES () NO

Yes No Are you, or any household member, subject to a lifetime sex offender registration requirement in any state?

Yes No Are any household members **temporarily absent** at this time?
(Include only those individuals you anticipate will be a household member within the next 12 months)
Who? _____

Yes No Are any household members **permanently absent**?
(Include only those individuals you anticipate will be a household member within the next 12 months)
Who? _____

Yes No Do you expect any **changes in the household composition** within the next 12 months?
If so, please explain: _____

Yes No Are any Student changes expected in the next 12 months?
If yes, please explain: _____

Yes No Does anyone have **Power of Attorney** for you? *If yes, please explain:* _____

Name of Individual who has Power of Attorney: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: (_____) _____ - _____ *(please provide a copy of P.O.A. document)*

2) Student Status (Students include those attending public or private elementary schools, middle or junior high schools, colleges, universities, technical, trade or mechanical schools, but does not include those attending on-the-job training courses.)

Yes No **Are ALL members of the household FULL-TIME Students or have been full-time students during five calendar months of the year, or the upcoming year (months need not be consecutive)?**

If ALL members of the household are full-time students, does your household meet any of the following exceptions? If you answered "No" to the above, please skip to the next section.

- Will the household be occupied by an individual who is a full-time student and receiving assistance under Title IV of the Social Security Act (TANF)?
- Will the household be occupied by an individual who is a full-time student enrolled in a Job Training program receiving assistance under the Job Training Partnership Act or under similar Federal, State or local laws?
- Will the household be occupied entirely by full-time students who are single parents and their children and such parents and children are not dependents of another individual?
- Will the household contain entirely full-time students who are married and filing a joint Federal Income Tax return?
- Were you previously under the care and placement of the state agency responsible for administering Part B or Part E of Title IV?

3) INCOME

Who in your household receives INCOME? (Include ALL income sources, such as employment, unemployment, social security, public assistance, child support/alimony, business income, recurring gifts, etc.)

HOUSEHOLD MEMBER	INCOME SOURCE	FULL OR PART-TIME	GROSS MONTHLY AMOUNT
			\$ _____
			\$ _____
			\$ _____
			\$ _____

Yes No Is anyone **SELF-EMPLOYED** or an **INDEPENDENT CONTRACTOR**?
 GROSS Amount: \$ _____ per month

Yes No Do you expect any change in your income during the next year?
 (i.e., job change, layoff, medical leave, military leave, etc.) Explain: _____

Yes No Does anyone in the household receive payment for any of the following?

- Babysitting \$ _____ per month
- House Cleaning \$ _____ per month
- Yard Work \$ _____ per month
- Other Cash Income \$ _____ per month

Yes No Is anyone in your household receiving or going to receive financial assistance from **SOCIAL SERVICES** (Welfare/Public Assistance/DSS)? (EXCLUDE FOODSTAMPS AND MEDICAID)
 GROSS Amount: \$ _____ per month

Yes No Is any household member receiving or going to receive **UNEMPLOYMENT BENEFITS**?
 GROSS Amount: \$ _____ per month

Yes No Do you receive **SOCIAL SECURITY INCOME** under **your** SS#?
 GROSS Amount: \$ _____ per month

Yes No Do you receive **SOCIAL SECURITY INCOME** under **someone else's** SS#?
 GROSS Amount: \$ _____ per month

Please give the name and the SSN of who you collect benefits under:

Name: _____ SSN: _____ - _____ - _____

Yes No Do you receive **SUPPLEMENTAL SOCIAL SECURITY INCOME (SSI)**?
 GROSS Amount: \$ _____ per month

Yes No Do you receive income from any other source?

- Pension GROSS Amount: \$ _____ per month
- Annuity GROSS Amount: \$ _____ per month
- Veterans Benefits GROSS Amount: \$ _____ per month
- Worker's Compensation GROSS Amount: \$ _____ per month
- Real Estate Rent Income GROSS Amount: \$ _____ per month
- Military Pay GROSS Amount: \$ _____ per month
- Student Financial Aid GROSS Amount: \$ _____ per month
- Distribution from a Trust GROSS Amount: \$ _____ per month
- Tips GROSS Amount: \$ _____ per month
- Charity GROSS Amount: \$ _____ per month
- Family Members GROSS Amount: \$ _____ per month
- Peer to Peer Money Transfer (Cash App, Venmo, PayPal) GROSS Amount: \$ _____ per month
- Other income _____ GROSS Amount: \$ _____ per month

Yes No Do you receive or expect to receive **ALIMONY**?
 GROSS Amount: \$ _____ per month

Yes No Do you have court ordered or mutually agreed upon **alimony**?

Yes No Do you have any minor dependents not listed in household composition?

Yes No Are you receiving **CHILD SUPPORT** payments?
 GROSS Amount: \$ _____ per month

Yes No Do you have court ordered or mutually agreed upon child support?

Yes No Have you spoken with the Child Support Collection Agency?

In what area is your child support collection agency?

State: _____ County: _____

Yes No Is child support received through Social Services?

Yes No Do you have full custody of your children?

RD / USDA or HUD ONLY * THIS SECTION ONLY

A deduction is allowed for households whose head or co-head is elderly (62 or older), handicapped, or disabled (regardless of age).

Are you or anyone in your household seeking this deduction?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, you must provide evidence in the form of a statement by a qualified individual. The nature of a handicap or disability does not have to be disclosed.												
<u>Health & Medical Costs</u> Medicare Premiums	Monthly Amount \$ _____ \$ _____	<u>Handicap Assistance Expenses</u> *Complete only if handicap expenses allow a member of the household to work or attend school.												
<u>Medical Insurance Coverage</u> Insurer's Name: _____ Address: _____ _____ _____	Monthly Amount \$ _____ \$ _____	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type of Expense</th> <th style="text-align: left;">Paid to</th> <th style="text-align: left;">Amount</th> <th style="text-align: left;">How Often</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	Type of Expense	Paid to	Amount	How Often	_____	_____	\$ _____	_____	_____	_____	\$ _____	_____
Type of Expense	Paid to	Amount	How Often											
_____	_____	\$ _____	_____											
_____	_____	\$ _____	_____											
<u>Anticipated Medical/Drug/Prescription Costs NOT Covered</u> by insurance or Reimbursed	Monthly Amount \$ _____ \$ _____ \$ _____ \$ _____	Name and Address of all physicians you are seeing on a regular basis: _____ _____ _____ _____												
<u>Medical bills or outstanding costs YOU are making monthly payments for.</u> Payable to: _____	Balance Due \$ _____ Monthly Payment \$ _____	Type (please explain): _____ _____ _____												
Any other medical expenses?	Monthly Amount \$ _____ \$ _____ \$ _____	_____ _____ _____												

5) ASSETS Total Asset Value - Disposal of Assets

WHAT IS THE APPROXIMATE TOTAL VALUE OF ALL OF YOUR ASSETS?

\$ _____

θYes θNo Have you disposed of any assets for less than Fair Market Value within two (2) years of the effective date of the certification?

θYes θNo Did the cash value of the disposed asset exceed the gross amount received by more than \$1,000?

If YES, please explain: _____

HOUSEHOLD ASSETS

θYes θNo Do you have any **CHECKING** accounts? If yes, how many? _____

θYes θNo Are account(s) held jointly? If yes, with whom? _____

Account Number	Name and Address Financial Institution	Average 6 Month Balance	Current Balance	Does this account earn interest? <small>Include interest rate and/or annual amount earned</small>		
		\$ _____	\$ _____	_____ %	or	\$ _____
		\$ _____	\$ _____	_____ %	or	\$ _____

θYes θNo Do you have any **SAVINGS** accounts? If yes, how many? _____

θYes θNo Is it an **EDUCATION SAVINGS ACCOUNT**? If yes, how many? _____

θYes θNo Are account(s) held jointly? If yes, with whom? _____

Account Number	Name and Address Financial Institution	Current Balance	Does this account earn interest? <small>Include interest rate and/or annual amount earned</small>		
		\$ _____	_____ %	or	\$ _____
		\$ _____	_____ %	or	\$ _____

θYes θNo Do you have any **DEBIT / DIRECT DEPOSIT CARDS** If yes, how many? _____

θYes θNo Are account(s) held jointly? If yes, with whom? _____

Account Number	Debit Card Name and Address Financial Institution	Current Balance	Does this account earn interest? <small>Include interest rate and/or annual amount earned</small>		
		\$ _____	_____ %	or	\$ _____
		\$ _____	_____ %	or	\$ _____

θYes θNo Do you have any **CERTIFICATES OF DEPOSIT (CD'S)**? If yes, how many? _____

θYes θNo Are account(s) held jointly? If yes, with whom? _____

Account Number	Name and Address Financial Institution	Current Balance	Does this account earn interest? <small>Include interest rate and/or annual amount earned</small>		
		\$ _____	_____ %	or	\$ _____
		\$ _____	_____ %	or	\$ _____

θYes θNo Do you have any **MONEY MARKET ACCOUNTS**? If yes, how many? _____

θYes θNo Are account(s) held jointly? If yes, with whom? _____

Account Number	Name and Address Financial Institution	Current Balance	Does this account earn interest? <small>Include interest rate and/or annual amount earned</small>		
		\$ _____	_____ %	or	\$ _____
		\$ _____	_____ %	or	\$ _____

θYes θNo Do you have any **STOCKS**?

θYes θNo Are account(s) held jointly? If yes, with whom? _____

Account Number	Name and Address Financial Institution	Total No. of Shares	Price Per Share	Cash Value	Does this account earn interest? <small>Include interest rate and/or annual amount earned</small>		
		_____	\$ _____	\$ _____	_____ %	or	\$ _____
		_____	\$ _____	\$ _____	_____ %	or	\$ _____

Yes No Do you have any **SAVINGS BONDS**? If yes, how many? _____
 \$ _____ Total Cash Value of Bonds \$ _____ Total Annual Income Earned

Yes No Do you have a **SAFE DEPOSIT BOX** or **PERSONAL PROPERTY HELD AS AN INVESTMENT**?

Yes No If yes, does it contain cash or personal property held as an investment? *Please check all that apply:*

- Cash \$ _____ Gross amount
- Gems \$ _____ Cash Value
- Jewelry \$ _____ Cash Value
- Coin Collection \$ _____ Cash Value
- Antique Cars \$ _____ Cash Value
- Art \$ _____ Cash Value
- Other \$ _____ Cash Value

Explain: _____
 (Note: Do not include personal possessions, such as personal jewelry, autos used in daily activities, furniture, clothing, etc., unless the items are held as an investment.)

Yes No Are you holding a **MORTGAGE** or **DEED OF TRUST** for another individual?

\$ _____ Principal Amount received Monthly

\$ _____ Interest Amount received Monthly (Note: Please provide amortization schedule)

Yes No Do you have any **OTHER ACCOUNTS** and/or **ASSETS**? If yes, how many? _____
 Type of ACCOUNT(s) and/or ASSETS: _____

Yes No Are account(s) held jointly? If yes, with whom? _____

Account Number	Name and Address Financial Institution	Cash Value	Does this account earn interest? <small>Include interest rate and/or annual amount earned</small>		
			_____ %	or	\$ _____
		\$ _____			

		\$ _____			
--	--	----------	--	--	--

Note: **JOINT** means you equally share use of an account, and it is not an in-trust-for account or an account that reverts to another person upon death of the account holder. If the account is joint, please provide whose social security number reports the interest for tax purposes.

Yes No Do you have any **CASH on HAND**? (All household members over 18 years of age.) _____

REAL ESTATE

Yes No Do you own any **REAL ESTATE**? Address of real estate: _____
 City: _____ State: _____ Zip: _____

FAIR MARKET VALUE OF REAL ESTATE:	\$ _____
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(the Fair Market Value can be determined by obtaining the assessed value of the home and the conversion factor to fair market value. Contact the local assessor's office for this information. Fair market value may also be obtained by a real estate broker, if the home is listed for sale)

Yes No Do you receive income from it? (i.e., rental property)
 If so, how much? GROSS Amount: \$ _____ per month

Yes No Is the property habitable?

Yes No Is the property for sale?

Yes No Do you have legal authority to sell the property?

Yes No Is the property listed with a real estate agency?

Yes No Do you have full title to the real estate?
 If you have a joint title, who holds it and how long has it been in joint ownership? _____

Yes No Have you established any **TRUST FUNDS** within the last two years?
 If YES, what type of trust was established? Revocable Irrevocable Other: _____
 Beneficiary: _____
 If YES, where are they located? _____

Yes No Do you have **LIFE INSURANCE POLICY**? Whole/Universal Life Term Life Employer Held Policy
 Yes No Is there a cash value? *If YES, how much?* \$ _____
If YES, what agency holds the policy? _____

Yes No Have you received any **LUMP SUM PAYMENTS** such as:
 Inheritance
 Insurance settlement *If YES, how much?* \$ _____
If YES, what was the settlement for? (Exclusions apply) _____
 Capital Gains
 Other lump sum payment (explain): _____
If yes to any of the above, what was done with that money? _____

I/we hereby certify that the above statements and they are true and complete to the best of my/our knowledge. I/we understand the responsibility to report to Management any changes in family composition for the household and income and assets whenever they occur. **Submission of false statements of information are punishable under Federal Law and could result in the cancellation of a lease agreement.**

SIGNATURE OF APPLICANT/TENANT DATE

SIGNATURE OF Co-APPLICANT/TENANT DATE

SIGNATURE OF OTHER ADULT HOUSEHOLD MEMBER DATE

SIGNATURE OF OTHER ADULT HOUSEHOLD MEMBER DATE

SIGNATURE OF OWNER/MANAGEMENT DATE

Notes: Cash on Hand \$ _____
 Phone Number _____ Email: _____
Corrective Notes:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or an employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 u.s.c. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 u.s.c. 408 f, g and h.